

“APPLICATION FOR RESEARCH ASSOCIATE”

ADVT. NO:CBMR/RCT/006/2023

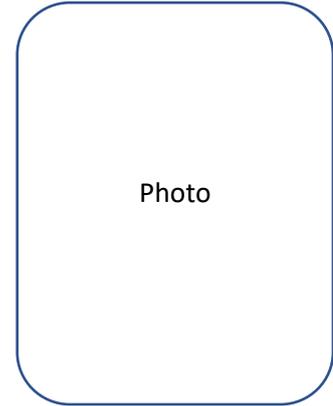
Department:-.....

Area:.....

Fee Payment Details

UTR No.	Bank Name	Branch Name	Date	Amount

1. Full Name:
2. Date of Birth:
3. Place of Birth:
4. Sex: M/F
5. Marital Status:
6. Nationality:
7. Category: SC/ST/OBC
8. Physically Handicapped: Y/N
9. Father's Name:
10. Address for Correspondence:
11. Phone No.:
12. Mobile No.:
13. E-mail Address:
14. Academic Record:
 - A. GATE/CSIR/UGC/Other fellowship details:
Mention examination name, discipline, score, and year appeared.
 - B. Qualifying Degree:



Examination (Mention Specialization where applicable)	Name of School/College/ Board/University/ Institute with City & State	Year of Passing	Subjects	% of marks/ GPA obtained	Remarks/ Distinction/ Division
Class X					

Higher Secondary					
B.Sc (Specialization)					
MSc (Specialization)					
PhD (Specialization)					
Any Other					

C. Details of project carried out with duration, place of work, area worked on, mentor/guide's name, description of the project and contribution to the project

(in not more than 5 sentences).

D. Please attach a list of publications:

E. Working Experience (if any)

F. Whether currently employed: Y/N

15. Names and addresses of three referees (one of which should be the PhD supervisor) along with phone number and e-mail address.

16. Affix passport-sized photograph (if sending by post), or insert equivalent sized photograph within the application, if sending by e-mail (Preferred method of application).

DECLARATION

I hereby declare that I have carefully read and understood the instructions and particulars on this application and that all entries in this form as well as in the attached sheets are true to the best of my knowledge and belief.

Date :

Place:

Signature