Visvesvaraya National Institute of Technology, Nagpur Department of Mathematics

Photograph

Application form for the post of Junior Research Fellow (JRF) for sponsored project

D		D	• 1	
Persons	al	Det:	าป	6.

Full Name (In Capital) Date of Birth (DD/MM/YY) Age (in years) Marital Status (Single/Married) Address for the communication Mobile/Phone No: Email:		
(DD/MM/YY) Age (in years) Gender(Male/Female) Marital Status (Single/Married) Address for the communication Permanent Address	Full Name (In Capital)	
Marital Status (Single/Married) Address for the communication Permanent Address		
Address for the communication Permanent Address	Age (in years)	Gender(Male/Female)
	Marital Status (Single/Married)	Nationality
Mobile/Phone No : Email:	Address for the communication	Permanent Address
Mobile/Phone No · Email·		
Pinan.	Mobile/Phone No.:	Email:

Details of school/ University/Institute Studied (From Matriculation Onward):

S. N	Degree	Discipline	University/ Institute	Regular/ Part-time	Year	% Marks /CGPA	Division
1.							
2.							
3.							
4.							
5							

Details of GATE or equivalent examination qualified:

S. No.	GATE or equivalent Examination	Branch	Year	Percentile (with Score)	All India Rank
1					
2					
3					

Professional Experiences (Teaching/ Research/ Industrial etc.) if any:

S.No.	Name of Organisation	Designation	Nature of Work	From	То
1					
2					
3					

Research Publication (If any):	
Awards, patents, prizes etc (if any):	
Any other Relevant Information:	

References:

S.No.	Name, Designation and affiliation	Email id and contact number
1		
2		
3		

DECLARATION

I hereby declare that the entries made in this application form are correct to the best of knowledge and belief. If selected, I promise to abide by the rules and regulations of the institute. The institute shall have the right to expel me from the institute at any time without notice, if false particulars furnished by me or my antecedents prove that my continuance in the institute is not desirable. I agree that I shall abide by the decision of the institute, which shall be final.

Place:	
Date:	Name & Signature of Applican