

राष्ट्रीय प्रौद्योगिकी संस्थान पुदुच्चेरी

नेहरू नगर, कारैक्काल− 609 605 NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY Nehru Nagar, Karaikal − 609 605

Application Form for RA under SMDP-C2SD Project (2016)

| Reg | istration Number (for office use | only): | | | | |
|------------------|--|--------------------|-------------------|------------|-------|---|
| Post Applied for | | Research Associate | | | | |
| Area of Interest | | | | | Passp | ix a recent port Size Photo f Attested) |
| (USE | CAPITAL LETTERS) | | T | | | |
| | Name of the Candidate | l | | | | |
| | Father's / Guardian's / Husband's Name | | | | | |
| 1 | Date of Birth (DD-MM-YYYY) | Age: | | | | |
| | Gender (strike out the inappropriate) | | Male / Female | Marital St | atus | Married / Single |
| 2 | *Category (☑ in the appropriate) | | ос | овс | sc [| ST |
| 3 | *Physically Challenged (PH) (Persons with disability of 40% and above) |) | YES | NO | | |
| 4 | Nationality | | | | | |
| | | | | | | |
| | Address for Communication | | Permanent Address | | | |
| | | | | | | |
| 5 | | | | | | |
| | | | | | | |
| | Land Line : | | Mobile : | | | |
| | E-Mail ID : | | | | | |

| 6. # | Qualifying Degree Particulars | UG | PG | | | | | |
|---|--|--------------------------------------|---------------------------|--|--|--|--|--|
| Nam | ne of the Degree | | | | | | | |
| Brar | nch / Specialization | | | | | | | |
| Perd | centage of Marks / CGPA | | | | | | | |
| Clas | S (Honors' / Distinction / First / Secon | d) | | | | | | |
| Nam | ne of the Institution | | | | | | | |
| Nam | ne of the University | | | | | | | |
| Yea | r of Passing | | | | | | | |
| 7 | #GATE/NET/SLET/CSIR/CAT UGC (if applicable) | Score & Rank, Percentile Discipline | Year appeared & Validity | | | | | |
| 8 | Title of P.G. Project | , | I | | | | | |
| 9 Details of publication in refereed journals/ Proceedings of Conference (Please add separate sheet, if needed) | | js | | | | | | |
| 10 Awards/ Prizes/Sports/NCC etc (Please add separate sheet, if needed) | | | | | | | | |
| 11. *Details of Professional Experience (Chronologically): | | | | | | | | |
| Name & Address of Employer | | Position Held | Duration From To | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| I do hereby declare that the information given in this application are true and correct to the pest of my knowledge. If any of the particulars furnished above are found to be incorrect at the time of admission, the admission will be cancelled. | | | | | | | | |
| | Date: Place: Signature of the Applicant | | | | | | | |