**APPLICATION FORM FOR AWARD OF DST-SRF at INMAS Delhi**

**FELLOWSHIP: DST-SRF**

**SUBJECT** (in specialisation): ...........……………………..

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name (in BLOCK LETTERS) | |  | | | | Photo  (Self Attested) | |
|  | Father’s / Husband’s name | |  | | | |
|  | Marital Status | | Single/Married | | | |
|  | Gender | |  | | | |
|  | Category : SC/ST/OBC/PH/Gen | |  | | | |
|  | Date of Birth | |  | | | |
|  | Age | | Years: Months: Days: | | | | | |
|  | Correspondence Address | |  | | | | | |
|  | Permanent address | |  | | | | | |
|  | Phone/Mobile No. | |  | | | | | |
|  | Email ID | |  | | | | | |
|  | Education qualification (from SSLC/Metric onwards. **Self attested copies to be enclosed)** | | | | | | | |
| Exam Passed | Subject(s) | University/Board, Place | | | Year of Passing | % Marks | | Division/Class |
|  |  |  | | |  |  | |  |
|  |  |  | | |  |  | |  |
|  | Experience | | | | | | | |
| Name of Organisation | | | | Period of services | | Area of Research Work | | |
|  | | | | From | To |  | | |
|  | | | |  |  |  | | |
|  | | | |  |  |  | | |
|  | Whether qualified in NET (JRF/LS) /GATE Examination (**Certificate to be enclosed**) | | | |  | | | |
|  | If Yes, give Year and Valid till | | | |  | | | |
|  | Any other information | | | |  | | | |
| Declaration :  I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature / appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof. | | | | | | | | |

Place:

Date: (Signature of the applicant)

List of enclosures: