**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: