$\frac{APPLICATION\ FORM\ FOR\ JUNIOR\ RESEARCH\ FELLOWSHIP\ IN\ DGRE,\ HIM\ PARISAR,\ SECTOR-37\ A,}{CHANDIGARH}$

(To be filled by the candidate in his/her own handwriting)

1.	Post Sr. No.	:	A	Advertisement No.	:						
2.	Full Name (in Blo	ock letters)	:		l .						
3.	(i) Father's Name (in Block letters)										
	(ii) Mother's Name (in Block letters)		:					Pa	ffix Recent assport Size		
	(iii) Spouse Name (in Block lett		:					ı	Photograph		
4.	Gender			Male / Female / Thir	rd Gende	er					
5.	Category		:	Gen / SC / ST / OBC							
6.	Date of Birth (DD/MM/YYYY)		:								
7.	Correspondence Address (with Pin Code)										
8.	Permanent Address (with Pin Code)		:								
9.	Contact Detail:	Mobile/Landline	:								
		Alternate No. (if any)	:								
10.	E-mail ID		:								
	Alternate E-mail ID		:								
11.	Educational Qualification (From Matric/10 th /HSC onwards, Self-Attested copies to be enclosed)										
	Examination Subject (s) Passed			Board/University		Month & Year D of Passing C		n/ rade	Percentage (%)/ CGPA		
	1 assect				0117	issing	Class/C	nauc	(70)/ COLA		
12.	Experience (if any	y) Note: Attach Sheets if	req	uired period of Service	period of Service Job Description (in brief)						
	Name of Pos Designation	Name of the organization	zation/Department			From		То			
13.	Whathar Qualific	HIGC/CSID/NET/CATI	7 12-	vamination . V	os / No						
13.	Whether Qualified UGC/CSIR/NET/GATE Examination : Yes / No If yes, give details (proof to be enclosed) Enrollment /Roll No										
14.	Have you ever been debarred for recruitment examination : Yes/No										
	by any Govt. Agency (if so give details)										
	Declaration: - I hereby declare that, the above furnished particulars are correct to the best of my knowledge and no information is suppressed. If at any time I am found to have concealed/distorted any information, my fellowship shall be liable to summarily terminated without any prior notice. I am ready, to take up and discharge the duties assigned to me anywhere in India, as and when required.										

Place: Signature of the Candidate.

Date:....

Name of the Candidate.....