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Whether ar	PHOTOGRAPH					
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Name (in Bl	ock Letter	Mr./Ms./ Dr./:				
Father's / Sp	oouse's Na	me:				
Date of Birth			Sex (Male/ Female)		Category (GEN/SC/ST/ *OBC/PH/EWS/Any other)	
DD	ММ	YYYY				
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DEGREE	VEAR	OF PASSING/	EMIC QUALIFICATION UNIVERSITY/INSTITUTION	DIVISI	on /	SUBJECT
DEGREE	8000.750	T AWAITED	GIII ZIIGII I,	PERCENTAE OBTAINED		
B.SC						
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ANY OTHER	l ·					
(i) Qual	lified UGC/J	RF (CSIR/UGC-NET	-JRF,DBT-JRF,ICMR-JRF,DST-IN	SPIRE or	equivalent valid	fellowship) YES/ NO
(ii) If y	es, please sp	ecify:		(iii)	JRF/LS YES/N	10
			ted YES/No			
*OBC c	ategory in	cluded in the Cer	ntral List of OBC's will only	be cons	idered	

UNDERTAKING

I hereby declare that the particulars given in this application are correct to the best of my knowledge.

Date:-	Signature:-