APPLICATION FORM

Name of the Project:

Master's Degree

Post	t Applied:							
Cate	egory: General/SC	/ST/OBC/Phy	sically Handicapped	, please indicate				
1.	Name of the ap	oplicant:						
	A. Present Pos	tal Address w	rith Pin Code		Please affix a recent passport size photograph			
	Phone/	Fax #						
	e-mail _.							
	B. Pern	Permanent Residential Address with Pin Code						
	Phone/	Fax #						
	e-mail .							
	Nearest	t Railway Stat	tion for undertaking	the Journey				
2.]	Date of birth		Age in y	ears (as on 04.02.2020)				
3.]					etent authorities may be			
4.	(a) Academ	nic Achievem	ents:					
	Examination Passed	Year	University	Subject	Percentage of marks obtained			
	Higher Secondary							
]	Bachelor's Degree							

(b) Creative Achievement (State briefly your bio data as research worker/giving details of research papers, participation in Seminar, Symposium, Conference, etc.). Furnish this information in a separate sheet.

Name of the Scholarship	Awarding Agency	Period		Amount
		From	То	
5. Employment held so f	ar (up to date):			
Name of the Employer	Position held	Period		Emoluments per month
		From	То	
-	C/CSIR/ICAR/WII NE in the discipline 'Ecolog			E qualified candidates for provide details.
-	, title of the publication osed). Details may be gi	•		nal, etc., may be indicated
		_		
o. Seminar/Symposium/	Workshop/Conference a	ttended (Docum		oof(s) may be enclosed).
	-		mentary pro	oof(s) may be enclosed).
10. Extracurricular activit	ies. (Details may be giv	en in a separat	mentary pro e sheet).	
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