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**National Institute of Technology Raipur**

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**Application Form for JRF in Information Technology for IITTNiF Sponsored Project**

Self-attested Photograph

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| **To****Dr. Rajesh Doriya****Assistant Professor (Gr-I)****Dept. of Information Technology****National Institute of Technology Raipur****Raipur – 492010, C.G., India** |  |

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| --- | --- |
| GATE/NET qualified (Please tick √) | Yes / No If yes, discipline:  |
| If yes, please provide details | Exam: | Year: |
| Rank: | Score/Percentile: |

|  |  |  |
| --- | --- | --- |
|  | Name in full (in capital letters) (Underline Surname) |  |
|  | Father’s / Husband’s Name |  |
|  | Mother’s Name |  |
|  | a. Marital Status  |  | b. Male / Female/ Others  |  |
|  | a. Permanent address | b. Address for correspondence  |
| Mobile No. |  | E-mail ID |  |
|  | Date of birth (DD/MM/YYYY) |  |
|  | Category (Please tick √) | SC / ST / OBC / PWD / General |
|  | Nationality |  |
|  | No. of research publications, if any (**Enclose the list**) | SCI Journal - Other Journal - Conference – Book Chapter/Book -  |
|  | Additional information, if any |  |

1. Details of educational qualifications: Please give particulars of all examinations passed and degrees obtained commencing with the 10th standard / Matriculation.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Examination/ Degree / Diploma passed | Name of the Institute/College | Name of the Board/ University / Institution | Class / Division | Discipline | % of marks or CGPA out of 10 | Year ofpassing |
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1. Details of employments: If employed, please give particulars of your present and past employments in chronological order, starting with the present one:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Organisation / Institute | Position held | Nature of duties / work | FromDate | ToDate | Experience(\_\_Yr.\_\_Months) | Last Pay scale & Gross pay |
|  |  |  |  |  |  |  |  |
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I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the entries in this form are true to the best of my knowledge and belief. I fully understand that if it is found that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria at a later date, my candidature/appointment is liable to be cancelled.

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Date: ................................  **Signature of the Candidate**

Place: ..............................