



राष्ट्रीय प्रौद्योगिकी संस्थान, रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(An Institute of National Importance)
Under Ministry of Education, Govt. of India



Annexure-2

Application Form for Project Associate-I in Electronics and Communication Engineering
Department under ANRF Sponsored Project

To,
Dr. Mayur V. Katwe
Assistant Professor
Dept. of Electronics and communication
Engineering
National Institute of Technology Raipur
– 492010, C.G., India

Self-attested
 Photograph

GATE/NET qualified (Please tick <input checked="" type="checkbox"/>)	Yes / No, If yes, discipline:	
If yes, please provide details	Exam:	Year:
	Rank:	Score/Percentile:

1.	Name in full (in capital letters)			
2.	Father's / Husband's Name			
3.	Mother's Name			
4.	a. Marital Status		b. Gender (Please tick <input checked="" type="checkbox"/>)	Male / Female/ Others
5.	a. Permanent address	b. Address for correspondence		
	Mobile No.		E-mail ID	
6.	Date of birth (DD/MM/YYYY)			
7.	Category (Please tick <input checked="" type="checkbox"/>)	SC / ST / OBC / PWD / General		
8.	Nationality			
9.	No. of research publications, if any (Enclose the list)	SCI Journal – Other Journal – Conference – Book Chapter/Book –		
10.	Additional information, if any			

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



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Sl. 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 of passing

12. Details of employments: If employed, please give particulars of your present and past employments in chronological order, starting with the present one:

Sl. No.	Organisation / Institute	Position held	Nature of duties / work	From Date	To Date	Experience (Y r . ___ Months)	Last Pay scale & Gross pay

UNDERTAKING

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.

Signature of Applicant

Date :

Place :