



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 JRF in Electronics and Communication Engineering Department under TCOE 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) (Underline Surname)			
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 :