



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 Mechanical Engineering Department for ANRF IRG**

**Sponsored Project**

To, <b>Dr. Prashik Malhari Ramteke (PI)</b> Assistant Professor Dept. of Mechanical Engineering National Institute of Technology Raipur Raipur – 492010, C.G., India
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Self-attested Photograph
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GATE/NET qualified (Please tick <input 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 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 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 10<sup>th</sup> 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 ( __Yr. __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 :