For office use only Application No.	

Photograph

APPLICATION FORM
For Training / Project Work

1. Name of the student (in capital letters) : .....
2. Father's/Husband's name : .....
3. Date of birth (DD/MM/YYYY) : .....
4. Nationality : ..... 6. Sex : Male /Female
5. Religion : ..... 7. Category : SC/ST/OBC/UR
8. Address for correspondence :

					P	I	N:						

Mobile No. :

Email address : .....

9. Course undertaken : ..... Semester / Year : .....
10. Name of the Institute / College : .....
11. Name of the Affiliated University. .....
12. Address of the Institute / College / University :

					P	I	N:						

13. Expected period of proposed training / Project work : From ..... To .....
14. Educational/Professional and Technical Qualifications (Attach attested copies of Certificates and Mark card)

Examination Passed	Name of the Board/University	Duration of Degree/ Diploma	Year of Passing	% of Marks	Division/ Class	Subjects /Specialization

15. Are you ward of any CSIR Employee : Yes / No, If yes, name of the employee, Designation, Division, Institute : .....
16. Additional remarks, if any : .....
17. **Declaration:** I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief.

Place:

Date: Signature of the Applicant