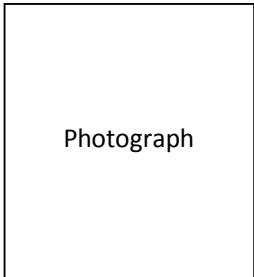


**For office use only Application No.**

**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