



Academy of Scientific and Innovative Research

Anusandhan Bhawan, CSIR HQ, 2 Rafi Marg, New Delhi-110 001

PROFORMA FOR ENROLLMENT IN AcSIR Ph D PROGRAMME

Date: _____

Area (Please Tick): Biological Science/ Chemical Science/ Physical Science

Session: _____

A) Personal Details:

Name: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Blood Group: _____

Nationality: _____ Category: _____ Person with Disability(Y \N): _____

Married Status: _____

Date of Joining: _____

B) Communication Links:

Corresponding Address:

City: _____ State: _____ Pin: _____

Permanent Address:

City: _____ State: _____ Pin: _____

Telephone Number (with STD Code): _____

Mobile No: _____

E-mail Address(s): _____

Paste Recent
Photograph

C) General Details:

AcSIR Application No.	Program	Position/ Fellowship	Lab Name	Name of Guide	Name of Co-Guide(if any)

D) Tuition Fee Payment Details:

Date	Mode of Payment	Amount

(Copy of fee receipt to be enclosed)

E) Bank Details:

Customer Details	Bank Name	Account No.	Branch Name& Code	IFSC Code	MICR Code

F) Emergency Contact Details:

Name of the person	Contact Number	Address

F) DECLARATION:

1. I reaffirm the declaration signed by me at the time of seeking admission to the AcSIR PhD Program that I will abide by the rules & regulations of the institute.
2. I will not participate any activity, which has tendency to disturb the peace and the orderly life of the campus.
3. I will co-operate with the Institute's authorities in maintaining discipline, academic standards and good order in the campus.

Place:

Date:

Signature of the Applicant