BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH CHENNAI-600073, TAMILNADU, INDIA

APPLICATION FORM FOR POST DOCTORAL FELLOWSHIP PROGRAMME

Affix Recent

1. Full Name:

45

(ın C	(in Capital)					Passport Size Photo		
2.	Father's Na	me:						
(in C	Capital)							
3.	Date of Birt	h :						
(DD	/MM/YYYY	()						
4.	Category:							
(SC/	ST/OBC/GE	EN						
5.	Gender :							
(Ma	le/Female)							
6.	5. Marital Status :							
(Sin	gle/Married)							
7.	7. Nationality:							
8.	8. Communication Address:							
9.	Permanent A	.ddress :						
10. Mobile Number :								
11. Email ID:								
12. Details of Educational/Professional/Technical Qualifications (from Matriculation onward):								
Sr. No.	Degree	Discipline	University/College	Regular/ Part time	Year	%age of Marks	Division	
1								

,	gree not awarded, submission:		-	•		
14. Title of Th						
•••••						
15. Specializa Specializa	tion, in terms of B tion:	road Area of	Specializati	on and Exact Ar	ea of	
(a) Subject						
(b) Broad Area	of Specialization					
(c) Exact Area	of Specialization					
photocopie (a) No. of I (b) No. of I (c) No. of I 17. Prizes, Ho	ns and Patents: (Pes) Papers (i) Published Books/chapters publicatents: (i) Filed:	llished	(ii) Accepted (ii) Granted any:			
18. Fellowship	os held:					
Name of	Name of the	Date		Fellowship	Name of the	
fellowship	sponsoring agency	From	То	Amount	Institute	
					1	

19. Give details of employment, if any

Sr.	Name of the	Designation	Period		Nature of	
No.	Organization	Designation	From	To	Work	

20. Title of proposed Research work/Development Project:				
(Des	cribe in detail about Research work /Developm with year-wise plan of work for two years (En	ent Project you would like to pursue,		
21. I	ist of Enclosures: (Please tick)			
1.	Proof of thesis submission			
2.	List of Publications			
3.	Plan of work at BIHER (2 pages)			
4.	Recommendation letter 1 (from Supervisor)			
5.	Recommendation letter 2			
	DECLARA	TION		
I de	clare that I have carefully read the instructi	ons and the entries made in this		
	ication form are correct to the best of my k	-		
	ne Institute is final with regard to selection for			
-	icular field of research. If selected for the fells of the Institute.	lowship, I profilise to ablue by the		
1 010	5 52 the manual.			
Plac	ee:			
Date		Signature of the Candidate		