

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

APPLICATION FORM FOR POST DOCTORAL FELLOWSHIP PROGRAMME

1. Full Name :

(in Capital)

2. Father's Name :

(in Capital)

3. Date of Birth :

(DD/MM/YYYY)

4. Category :

(SC/ST/OBC/GEN)

5. Gender :

(Male/Female)

6. Marital Status :

(Single/Married)

7. Nationality :

8. Communication Address:

9. Permanent Address :

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							
2							
3							
4							
5							
6							

Affix Recent
Passport Size Photo

19. Give details of employment, if any

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

20. Title of proposed Research work/Development Project:

.....

(Describe in detail about Research work /Development Project you would like to pursue, along with year-wise plan of work for two years (Enclose separate sheets)

21. List 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

DECLARATION

I declare that I have carefully read the instructions and the entries made in this application form are correct to the best of my knowledge. I know that the decision of the Institute is final with regard to selection for fellowship and assignment to a particular field of research. If selected for the fellowship, I promise to abide by the rules of the Institute.

Place:
Date:

Signature of the Candidate