



माधव प्रौद्योगिकी एवं विज्ञान संस्थान, ग्वालियर
MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR
Deemed to be University

(Declared under Distinct Category by Ministry of Education, Government of India)

NAAC ACCREDITED WITH A++ Grade

Gola Ka Mandir, Gwalior (M.P.)- 474005, INDIA

Ph.:+91-751-2409300, E-mail: recruitments@mitsgwalior.in, Website: www.mitsgwalior.in



APPLICATION FOR THE JUNIOR RESEARCH FELLOW
(MPCST Funded Project)

In the discipline

For the project

Passport size
Photograph

Notification No.:

(To be filled by the candidate in block letters with their own handwriting)

1. Applicant's Name in Full.....(in Block Letters)
2. Father's Name:.....
3. Mother's Name:
4. Date & Place of Birth:(DD/MM/YYYY),.....
5. Gender:.....
6. Category: GEN/SC/ST/OBC.....
7. (A) Postal Address :.....
City :..... State : Pin code :.....
Landline No. with STD Code : +91 _ _ _ _ _ Mobile No.....
- (B) Permanent Address :.....
City :..... Pin code :
Landline No. with STD Code : +91 _ _ _ _ _ Mobile No.....
8. Email :.....
9. Nationality :..... Name of the state to which you belong (Domicile) :.....
10. Marital Status :.....
11. Are you physically handicapped? If yes, Give Details.....

12. (a) Educational Qualifications:

Degree/Diploma	Year	School/ Institute	Board/ University	Main Subjects	Division/ Grade	Enclosure No.
10+2/ Higher Secondary						
B.E./B.Tech/B.Sc./ Diploma Branch..... Other.....						

M.E./M.Tech/M.Sc. /MCA/MBA/ M.Arch. Branch..... Other.....						
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b) Other Examinations Passed

S.No.	Exam	Year	Subject	Percentile/ Grade/Marks	Enclosure No.
1	GATE				
2	NET/ SLET/ SET				
3	Other				

c) Ph.D. Pursuance Details (if Applicable)

Year of Admission	Date of Registration	Status of Course Work	Date of Course work Completion	Title	Supervisor /Co-supervisor (if any)	Affiliating University	Present Status

Enclosure No.:

(Please attach abstract/Summary of work done till now)

13. Teaching/other experience: (Total..... ..Years Months)

(Provide the details in chronological order)

Name of Post Held & Pay Scale	Name of Employer	Date of Joining	Date of Leaving	Total Experience	Enclosure No.

14. a) Research Experience (Total..... ..Years.....Months)

(Enclose separate sheet of A4 size paper, if required)

15. Professional Achievements:-

(Enclose separate sheet of A4 size paper, if required)

16. Provide the following details:-

(Enclose separate sheet of A4 size paper, if required)

a) Research Papers (Journal/Conference/Seminar) Published: - :-

Journal		Seminar/Conference	
National	International	National	International

Encl. No. (Attach list of papers with indexing (SCI/SCIE/Scopus/others) details & first page of Papers:

- b) Research Projects Completed/Developed:-
- c) Copyright/Patent:-
- d) Consulting Assignments Undertaken:-
- e) Summer/Winter School/Training Program Attended or Organized:-
- f) Papers/Books/Book Chapter written/reviewed:-

17. Award/Honors/Scholarship :-
(Enclose separate sheet of A4 size paper, if required)

18. Membership of Professional bodies/Institutions :-

19. Name and address of the Ph.D. Supervisors along with phone number and e- mail address **(if applicable)**.

S.No.	Name & Designation of Supervisor(s) with affiliation	Address, e-mail address & Phone Number

20. Any other relevant information
(Enclose separate sheet of A4 size paper, if required)

DECLARATION

I hereby declare that I have carefully read and understood the guidelines, rules and regulations mentioned in Notification No.....dated and that all entries in this form as well as in the attached sheets are true to best of my knowledge and belief and in case it is proved otherwise, I shall be liable for dismissal.

Applicant's Signature & Name

Place :.....

Date :.....

List of Enclosures attached: