APPLICATION FORM FOR RESEARCH FELLOWSHIP (JRF) IN ITR

(To be typed and signed by the candidate)

Advertisement No.- ITR/HRD/8014/JRF/2025/01

01.	Full Name in Block Letters									Please affix a						
02.	(i) Father's Name (ii) Husband's Name(For married women only) (in Block Letters))							recent passport size Photograph	
3(a)	Gender: Male Female Transgender							3(b) Ca	ategory		GEN	S	C S	Т	OBC	
3(c)	Date of	Birth :	D	D M	MY	Υ	Y	3(0	d)	Age	e: yrs		. month	ıs (as	on 29/10/2025)	
04.	Correspondence Address: (in Block Letters)							Pincode:								
05.	Permanent Address: (in Block Letters)								Pincode:							
06.	Contact Details: Phone(with STD code) :								Mobile: +91-							
07.	E-mail ID:										Adhar Card	l No:				
08							Virtual:			Physical:						
09.	Educatio	nal Qu	ıalifica	tions	(From	Matı	ric/1()th/HSC	onwards	s, Se	If-attested	copie	s to be encl	osed)):	
Exa Pas	mination sed	Subject(s)				Вс	Board/ University				Month & of Passii		Division/ Class/Grad		Percentage (%) /CGPA*	
* It	is mandate	ory to	mentic	on the	Perce	ntag	e of	marks. (CGPA m	iust l	be converte	ed to p	ercentage.			
10.	Experienc	e (if a	ny)	Note	: Atta	ch sh	eets	if requir	ed		_					
SI. No.	Name of PostName of the /Designation Organization/Dept.								od of Service		Job Description (in Brief)					
INO.	7555igilation Organization/Dept.						F	rom	om To							
	Mhathar	Qualifi.	04 C V	TF F	vomin	ation					YES		NO			
11.	Whether Qualified GATE Examination: If yes, give details (proof to be enclosed) En								rollment/Roll No.:Year:Score :							
12.	Have you ever been debarred for recruitment examination by any Govt. agency YES NO															
	if so give details:															
DECLARATION: I hereby declare that, the above furnished particulars are correct to the best of my knowledge information is suppressed. If at any time I am found to have concealed/distorted any information, my fellowship liable to summarily terminated without any prior notice. I am ready, to take up and discharge the duties assign anywhere in India, as and when required.													fellowship shall be			
						For Office Use Only										
Place:						S.No.										
Date:							,	Signature of the official					Signature of the Candidate			