

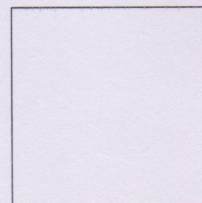
NATIONAL INSTITUTE OF HYDROLOGY

(Ministry of Jal Shakti, Department of Water Resources, River Development and Ganga Rejuvenation)
Jalvigyan Bhawan, Roorkee – 247 667 (Uttarakhand)

APPLICATION FROM

Position Applied For

Division Title



Please use BLOCK LETTERS:

1. Full Name: Sex M/F):

2. Father's/Husband's Name: Father's/Husband's National

3. Present Address:

4. Permanent Address

5. Email ID :.....

6. Mobile No:

7. a) Date of Birth (b) Birth Place:

(c) State of Domicile

8. Citizenship:

9. * Do you belong to: (a) Scheduled Caste- Yes/No (b) Scheduled Tribe - Yes/No (c) OBC-Yes/ No

10a. Academic and Professional qualifications (from High School onwards): Attach self-attested certificate

Degree/ Diploma	Subject	Percentage of Marks or Grade	Name of Univ./Institution	Duration of Course	Month & year of passing

10. (b) If PhD degree not awarded, please give whichever applicable :

Date of thesis Submission.....

Likely date of submission:

11. Title of PhD Thesis :.....

12. Specializations, in terms of Broad Area of Specialization and Exact Area of Specialization:

(a) Subject	(b) Broad Area of Specialization	Exact Area of Specialization

13. Publications and Patents: **(Please attach list of publications in SCI journals with full references and corresponding with those in the list) (If available)**

(a) No. of Papers (i) Published.....(ii) Accepted.....

(b) No. of Books published.....

(c) No. of patents: (i) Filed :.....(ii) Granted:.....

14. Prizes, Honours, Awards, Distinctions, if any:.....

15. Experience held: (Please attached copy of experience certificate)

Position	Name of the organization/ agency	Dates		Pay/wages	Nature of duties
		From	To		

16. Please indicate in case you are shortlisted whether you would like to attend the interview through video calling or telephonically. If you wish to attend interview through video call please provide your Identity and mode preferred by you for video call.

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17. Declaration

I have read the terms and conditions of the Institute. I accept and agree to abide by these if the Fellowship is offered to me. I certify that to the best of my knowledge and belief the particulars given in the application are correct. I understand that the decision taken on my application by NIH will be final. If false and suppression of factual information in the application form comes to the notice of NIH at any time during the tenure the fellowship would be liable to be terminated.

Place.....

Signature of the candidate

Date