

jk"Vh; ik | kfxdh | LFkku] mRrjk[k.M
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Phone: 01346-257503/9818762632, email: hod_phy@nituk.ac.in

DEPARTMENT OF PHYSICS

Application for the post of Project Fellow Project Associate-I

1. Name in BLOCK LETTERS				Self-attested Color Passport size Photograph		
2. Father's/Husband's Name						
3. Address (Permanent)						
4. Address (Correspondence)						
5. Mobile No.		6. Email id:				
7. Gender (Male/Female/ Transgender)		8. Date of Birth (dd/mm/yyyy)		9. Category: SC/ST/OBC/ EWS/UR		
				10. Religion:		
11. Nationality:		12. Person with Disability (Yes/No), if yes, Disability type		13. Marital Status:		
14. Detailed educational qualification in chronological order starting from 10 th standard:						
Examination	Year	Class	%/CGPA	University/Institute	Subjects	
SSC (10)						
HSSC (10+2)						
UG						
PG						
Other						
15. M.Sc. project title (if, applicable):						
16. GATE/NET-JRF qualified (Tick relevant) : YES/NO						
(a) Details of GATE/NET-JRF qualified:						
(Original certificates and Self-attested photocopies should be produced at the time of Personal Interview)						
Name of Examination	Year of Passing	Validity Period	Number of candidates appeared	Marks obtained	AIR Rank	Score / Percentile

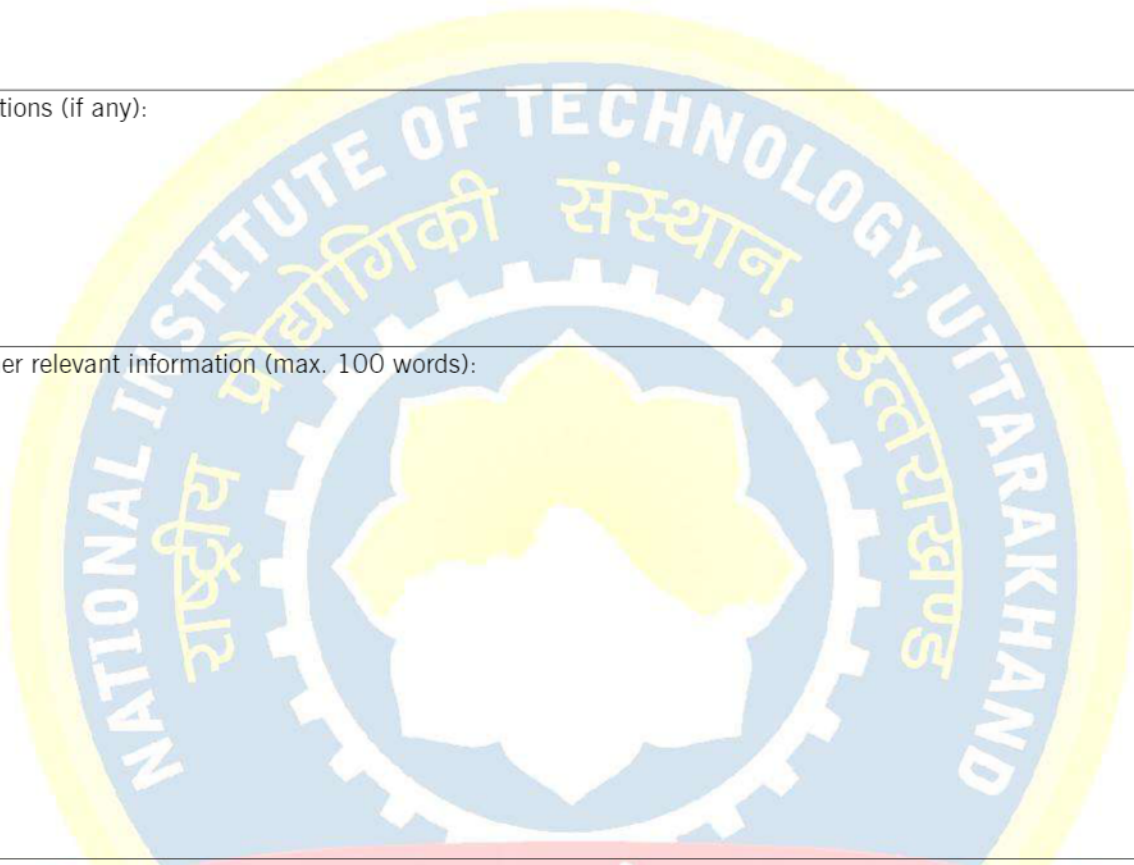
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17. Research experience (if any) (max 200 words):

18. Publications (if any):

19. Any other relevant information (max. 100 words):



UNDERTAKING

I give the undertaking that I have read all the information and instructions given in Advertisement (**Advt. No.05/2020 dated 28/05/2020**) on the website i.e. www.nituk.ac.in and the above information given by me is correct to the best of my knowledge and belief. I understand that my application shall be rejected if i) the information is not correct or ii) all the required certificates and documents are not attached or iii) application is incomplete.

Date: ____/____/2020

Place: _____

Signature of Candidate _____

FOR OFFICE USE ONLY

Application No.	5/2020/	Eligible/Not Eligible	
No. of attendance		Signature of Verifying Officer	