

7. Particulars of past academic record from Matriculation onwards

Examination Passed / University or Board		Subjects Studied and Passed	Month & year of Passing	R E S U L T			
				Max Marks	Marks obtained	Per centage	Class/ Division
Matric / SSC							
Inter / HSC (10 + 2)						
Bachelor's Degree (B.Tech, etc.,) University: 	<u>1st year courses</u> Compulsory subjects (Languages)	1. English 2. 3.					
	Optional / Core subjects (Group)	1. 2. 3. 4.					
	<u>2nd year courses</u> Compulsory subjects (Languages)	1. English 2. 3.					
	Optional / Core subjects (Group)	1. 2. 3. 4.					
	<u>3rd year courses</u> Optional / Core subjects (Group)	1. 2. 3. 4.					
		Aggregate					
Master's Degree Subject University	1 st year marks					
		2 nd year marks					
		Aggregate					
M.Phil./ M. Tech.						
Any other Degree / Diploma						

8. State if there was any gap in your studies. Give period, reasons etc:

.....

9. Present or previous employment, if any

Organisation & Address	Position Held	From - To	Nature of Duties

10. Were you ever subjected to a disciplinary action by any authority? Write, Yes or No

If yes, give details

.....

11. Any other relevant information:

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12. Candidate's Address

PRESENT RESIDENTIAL ADDRESS	PERMANENT ADDRESS
.....
.....
.....
.....
PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile/Telephone No:	Mobile/Telephone No:
Email:	Email:

13. DECLARATION BY THE APPLICANT:

I hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct. In case any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission, if granted, cancellation of the degree if awarded , besides rendering me liable to such action as the Institute / University may deem fit.

In the event of any medical or other emergency, my parent/s or Guardian may be contacted at the address given below

Place:

Date:

Signature of the Candidate

14. DECLARATION BY THE FATHER/MOTHER/GUARDIAN:

My daughter/son/ward Mr./Ms..... is applying for admission to the Institute / University. In case of her/his admission to the Institute / University, I shall be responsible for payment of all her/his fees and other charges including any emergency, medical or other expenses incurred by the Institute /University. In case any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my daughter’s/son’s /ward’s admission, if granted, cancellation of the degree if awarded, besides rendering her/him liable to such action as the Institute /University may deem fit. I will also be responsible for her/his good conduct and behaviour during the period of her/his stay in the Institute / University. Further, I may be contacted in the event of any emergency as determined by the Institute / University and I hereby promise that I will make myself present before the Institute /University authority at my own cost whenever the Institute /University require my presence.

Signature of the Parent / Guardian

Place

Full Name

Date

Relationship with the applicant

Telephone Numbers (if any): (Office):

(Residence):

15. NOTE:

- **Signature of the candidate and the parent in this application form will be considered as the basis for all verification purposes in the Institute / University.**
- **A soft copy of the filled-in application form or scanned copy is to be submitted by email to phdjuly2014@idrbt.ac.in latest by **MAY 15, 2014.****
- **However, the signed hard copy (of the candidate and his/her parent/ guardian) of the application form is to be submitted to IDRBT at the time of attending the Interview, if selected in the Written Test.**
