

APPLICATION FORM
COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

171003/2K15/1



Acknowledgement No.

171003/2K15/1

[Copy of this Form to be placed at the top of the enclosures to be sent to HRD Group, CSIR]

1. Application for: SRF - 1	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Paste recent passport size Photograph. (Duly attested by Supervisor/guide) </div>
2. Subject Code: Science & Technology Studies (R & D Management & Planning, MIS, Manpower Planning etc.) - STS - 71	
3. Category: GEN	
4. Gender: MALE	
5. Number of Previous Attempts: 0	
6. Marital Status: UNMARRIED	
7. Date of Birth(dd/mm/yyyy): 17-02-1990	
8. Age: 25 Y, 9 M, 28 D	

9. Name of Applicant:	AKSHAY
10. Father's/Husband's Name:	HARI RAM
11. Proposed Place of Work:	CSIR

12. Educational Qualifications (B.Sc. or equivalent onwards including Ph.D.)					
Degree	Subject	Year of Passing	Duration of Course	% Marks Secured (after converting grade points)	Univ./ Inst.
BTECH	IT AND MATHS	2013	4	62.95	DU
--	--	--	--	--	--
--	--	--	--	--	--
--	--	--	--	--	--

13. If holding an MBBS degree. indicate the date of internship completed(dd/mm/yyyy): **NA**

14. Have you qualified:			
(a). CSIR-UGC JRF NET Exam? No			
(b). GATE Exam? No			
15. Number of Research Papers: 0	Patents:	0	

Give below the bibliographic details of the papers published/accepted in SCI journals.

Journal Name (Appropriately abbreviated)	No. of papers
--	--
--	--
--	--
--	--
--	--
--	--

16. Title of the proposed project:

CNNA

17.(a). If registered for Ph.D./MD/MDS degree give the date of registration(dd/mm/yyyy):

NA

17.(b). If submitted thesis for Ph.D./MD/MDS degree give the date of submission(dd/mm/yyyy):

NA

17.(c). If you have been awarded/submitted the Ph.D. degree/thesis give here title of your Ph.D. thesis:	NA
--	-----------

18. Give yearwise details of your occupation after obtaining the qualifying degree in the following format:

(a). If a recipient of any Traineeship/Assistantship/Fellowship/Associateship etc.					
Fellowship / Associateship Name	Supporting Agency Name	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Stipend per Month	Name of Host Instt.
PA	HRDG	20-04-2014	20-02-2015	12000	CSIR
--	--	--	--	--	--
--	--	--	--	--	--
--	--	--	--	--	--

If holding an equivalent fellowship, give reasons for applying: **NA**

(b). If employed give the following details:				
Designation	Place of Work	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Emoluments
--	--	--	--	--
--	--	--	--	--

(c). If unemployed or without fellowship:			
Unemployed		Working without Fellowship	
From (dd/mm/yyyy)	To (dd/mm/yyyy)	From (dd/mm/yyyy)	To (dd/mm/yyyy)
--	--	--	--
--	--	--	--

The combined information given in (a), (b) and (c) should match total period spent from the time of obtaining qualifying degree till last date of application. Unaccounted period, if any, may lead to rejection.

19. Give here the Name, Designation & Address of your proposed Guide/Supervisor:			
Name	Department	Univ./Instt.	City-State
MANISH BHARDWAJ	HRDG	CSIR	NEW DELHI - DELHI

Write your complete mailing address including your Name clearly and in Capital Letters only.

Name: AKSHAY
Address: P-338 SEWA NAGAR

City: NEW DELHI State: DELHI Pin code: 110003
Mobile: 9560813680 Phone: NA- NA
Email: akshay.kheral@yahoo.com

I certify that to the best of my knowledge and belief the particulars given in the application are correct. If later on, any information turns out to be incorrect my candidature for the fellowship shall be cancelled forthwith and I shall be liable to any other action as CSIR may deem fit. I understand that the decision taken on my application by CSIR including whether I should or I should not be called for interview, my selection and subsequent placement etc. will be final. I have also noted that if my application is found incomplete in any respect, the same will be liable to be rejected summarily, and no correspondence will be entertained in this regard.

Place:

Date:

Signature of Candidate

21. Declaration :

I have carefully read the terms and conditions given in the website www.csirhrdg.res.in. I satisfy the minimum eligibility conditions for award of the Fellowship/ Associateship. I certify that to the best of my knowledge and belief the particulars given in the application are correct. If later on, any information turns out to be incorrect my candidature for the fellowship shall be cancelled forthwith and I shall be liable to any other action as CSIR may deem fit. I understand that the decision taken on my application by CSIR including whether I should or I should not be called for interview, my selection and subsequent placement etc. will be final. I have also noted that if my application is found incomplete in any respect, the same will be liable to be rejected summarily, and no correspondence will be entertained in this regard.

Place:

Date:

Signature of Candidate

22. Attestation:

(A) I certify that the information given by the candidate has been checked by me and found correct. I recommend the candidate for the award and undertake to Guide/Supervise him / her for the research work. Necessary facilities for the research work on the topic are available in the institution. I also certify that I am authorized to supervise research work under university rule

Place:

Date:

**Signature, Name & Designation of
Guide/Supervisor**

(B) I is certified that the institution is recognized under UGC Act (Section 2 (f)) and the Guide/Supervisor is authorized by the university to supervise the research work. Necessary facilities are available and will be provided for the research work on the topic during the tenure of the award.

Date:

**Signature & Name of the Director / Dean
Institutional Head with seal**