

ORGANISATION INFORMATION

Organisation Name:

Year of Establishment:

Type of Organisation: Sole Proprietor / Pvt. Ltd. Company or LLC/ Trust or Society/ Partnership or LLP

REPRESENTATIVE INFORMATION

Name:

Father's Name:

Mother's Name:

Date of Birth: / /

Gender:

Nationality:

Role in Organisation:

Education Qualification:

ORGANISATION CONTACT INFORMATION

Mobile Number:

Email Address:

Organisation Registered Address:

Zip Code:

Representative Address:

Zip Code:

INDUSTRY EXPERIENCE

Institutions Connected with:

Achievements & Awards:

EXPERIENCE IN RESEARCH EDUCATION

Total Students Enrolled in Research Programs:

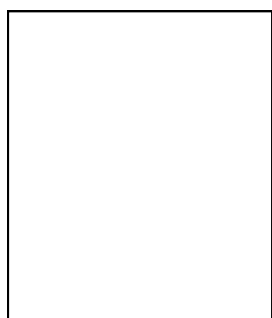
Total Research Papers Published:

Fields of Research Programs:

If worked as Research Guide or Mentor (Kindly Mention Details of Area of Research & Other Relevant Details)

Kindly provide the Relevant Documents, Research Papers & Seminar/Conference Certificates.

CONSENT & AGREEMENT



- I certify that the above information is true & correct to the best of my knowledge.
- I agree to follow all rules and regulations of ShodhSutra.

Documents Submitted:

- ☐ Passport Size Photo of Representative ☐ ID Proof ☐ Proof of Address
☐ Organisation Registration Documents ☐ Organisation Proof of Address
☐ Proof of Industry Experiences ☐ Research Documents (If Applicable)
☐ Representative Updated C.V.

Date: / /

Signature: _____