



RESEARCH INFORMATION

Area of Research:

Research Program Institution :

Department of Research:

Batch/ Session:

MENTOR INFORMATION

Name:

Father's Name:

Mother's Name:

Date of Birth: / /

Gender:

Blood Group:

Nationality:

CONTACT INFORMATION

Mobile Number:

Email Address:

Present Address:

Zip Code:

Permanent Address:

Zip Code:

EDUCATIONAL QUALIFICATION

Qualification	Board/ Institution	Grade	Year of Completion
10 th /Senior Secondary			
12 th /Higher Secondary			
Graduation			
Post Graduation			
Research/ Doctorate			

PROFESSIONAL INFORMATION

Current Profession / Job Title:

Work Experience (in years):

Companies/ Institutions:

Achievements & Awards:

RESEARCH PAPERS & THESIS

Research Thesis Title:

Total Research Papers Published:

Fields of Research Papers:

Seminars/ Conferences Attended:

Kindly provide the Relevant 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 ID Proof Proof of Address
 Graduation Certificate Post Graduation Certificate
 Research/Doctorate Certificate Research Papers
 Seminar Certificates

Date: / /

Signature: _____