



राष्ट्रीय प्रौद्योगिकी संस्थान सिक्किम  
*National Institute of Technology Sikkim*  
(AN INSTITUTE OF NATIONAL IMPORTANCE, GOVT. OF INDIA)  
Ravangla Campus, Barfung, Ravangla, South Sikkim – 737139

**APPLICATION FORM for JRF in ICPS-DST Sponsored Project**

<b>To</b> <b>Dr. Sangram Ray</b> <b>Assistant Professor</b> <b>Dept. of Computer Sc. &amp; Engg,</b> <b>National Institute of Technology Sikkim</b> <b>Ravangla – 737 139, Sikkim, India</b>
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Self-attested Photograph
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GATE/NET qualified (Please tick <input checked="" type="checkbox"/> )	Yes / No	
If yes, please provide details	Exam:	Year:
	Rank:	Score/Percentile:

1.	Name in full (in capital letters) (Underline Surname)		
2.	Father's / Husband's Name		
3.	Mother's Name		
4.	a. Marital Status	b. Male / Female/ Others	
5.	a. Permanent address	b. Address for correspondence	
	Mobile No.	E-mail ID	
6.	Date of birth (DD/MM/YYYY)		
7.	Category (Please tick <input checked="" type="checkbox"/> )	SC / ST / OBC / PWD / General	
8.	Nationality		
9.	List of publications, if any		
10.	Additional information, if any		

11. Details of educational qualifications: Please give particulars of all examinations passed and degrees obtained commencing with the 10<sup>th</sup> standard / Matriculation.

Sl. No.	Examination / Degree / Diploma passed	Name of the Board / University / Institution	Distinction / Class / Division	Subjects	Percentage of marks or CGPA	Year of passing

12. Details of employments: If employed, please give particulars of your present and past employments in chronological order, starting with the present one:

Sl. No.	Organisation / Institute	Position held	Nature of duties / work	Experience ( __Yr. __Months)	Last Pay & Scale of pay

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the entries in this form are true to the best of my knowledge and belief. I fully understand that if it is found that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria at a later date, my candidature/appointment is liable to be cancelled.

Date: .....

Place: .....

\_\_\_\_\_  
Signature of the Candidate