



# INDIAN INSTITUTE OF TECHNOLOGY GANDHINAGAR

## Application Form for Research Associate/Postdoctoral Fellow

**Post Applied: For:**

Research Associate/Postdoctoral  
Fellow

**Personal Particulars** (as in qualifying degree certificate)

|  |                           |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|--|--|--------------|-----------------|--|--|--|--|--|--|--|
| <b>Full Name</b> (in Capitals and underline Last Name) |                           |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
| <b>Address for communication:</b>                      | <b>Permanent Address:</b> |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
| <b>City:</b>   | <b>Pin Code</b>           |  |  |  |  |  |  |  | <b>City:</b> | <b>Pin Code</b> |  |  |  |  |  |  |  |
| <b>State:</b>  | <b>State:</b>             |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
| <b>Telephone Number</b>                                | <b>Mobile Number</b>      | <b>Email Address:</b><br><b>Alternate Email Address:</b> |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |  |              |                 |  |  |  |  |  |  |  |

| <b>Date of Birth</b><br>(DD/MM/YYYY) | <b>Nationality</b> | <b>Gender</b><br>(Male/Female) | <b>Marital Status</b><br>(Married/Unmarried) |
|--------------------------------------|--------------------|--------------------------------|--|
|                                      |                    |                                |  |

Name and complete address of two references

|  |
|--|
|  |
|--|

**Details of Academic Record** (From Bachelors onwards )

| Degree | Subject | College | University/<br>Institute | Year of<br>Passing | Class/<br>Division | % of<br>Marks/Grade<br>/CGPA |
|--------|---------|---------|--------------------------|--------------------|--------------------|------------------------------|
|        |         |         |                          |                    |                    |                              |
|        |         |         |                          |                    |                    |                              |
|        |         |         |                          |                    |                    |                              |
|        |         |         |                          |                    |                    |                              |

**Details of Any Research/Professional Experience/Publication / Awards, Patents, Prizes etc (if any):**

|  |
|--|
|  |
|--|

**Professional Experience (if any)**

| Organization | Designation and Nature of<br>Work | Duration |    |
|--------------|-----------------------------------|----------|----|
|              |                                   | From     | To |
|              |                                   |          |    |

Any other relevant information:

|  |
|--|
|  |
|--|

**Declarations:**

1. I have read carefully the web-advertisement.

2. I hereby declare that the informations produced above are correct to the best of my knowledge and belief.

I am also aware that providing incorrect information in the application form can result in the cancellation of my admission at any stage.

3. If selected, I promise to abide by the rules and disciplines of the Institute.

**Place:**

**Date:**

**Signature of the Applicant**