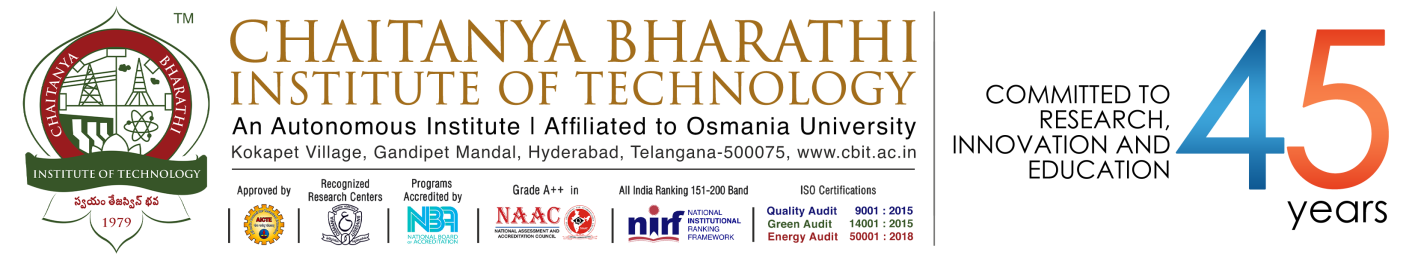
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# Department of Electronics and Communication Engineering

**Application for the Position of Project Associate – I (PA-I)**

**Under SURE-SERB Sponsored Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Post Applied for | **:** | Project Associate – I (PA-I) | Recent passport size photograph |
|  | Name of the Candidate (BLOCKLETTER) | **:** |  |
|  | Father’s Name (BLOCK LETTER): | **:** |  |
|  | Mother’s Name (BLOCK LETTER): | **:** |  |
|  | Date of Birth: (DD/MM/YYYY) | **:** |  |
|  | Sex (Male/Female/Other) | **:** |  |
|  | Marital Status: Married/Single | **:** |  |
|  | Category: SC/ST/OBC/PWD/Open | **:** |  |

1. Previous Research experience:

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Position** | **Organization** | **Period** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Publication(s), if any:

|  |  |  |  |
| --- | --- | --- | --- |
|  | International Journals | : |  |
|  | National Journals | : |  |
|  | International Conferences | : |  |
|  | National Conferences | : |  |
|  | Symposiums | : |  |

1. GATE/ UGC-NET details:

|  |  |  |  |
| --- | --- | --- | --- |
| S No | Name of Exam | Year Qualified | Score |
|  |  |  |  |
|  |  |  |  |

1. Academic Qualification: (Starting from Standard 10 or equivalent Examination)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Name of Exam Passed | Name of the School/College/Institute/ University | Year of Passing | Discipline/ Specialization | Percentage of Marks/ CGPA |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. a) Address for Communication: (BLOCKLETTER):

|  |  |
| --- | --- |
| Temporary Address | Permanent Address |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. Contact No (Mob):
  2. E-mail ID [:](mailto:lakshmanna05@gmail.com)

(d) Contact Details of two referees:

|  |  |  |
| --- | --- | --- |
| Particulars | Referee I | Referee II |
| Name |  |  |
| Designation |  |  |
| Organization |  |  |
| Office Address |  |  |
| Office Phone Number |  |  |
| Email ID |  |  |

1. Experience if any

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No | Duration | Number of Years | Post |
|  |  |  |  |
|  |  |  |  |

I do here by declare that the information furnished in this application is true to the best of my knowledge and belief. If selected, I promise to abide by the rules and regulations of the Institute.

Date:

Place:

Signatur**e**

**Note**- For the provided information copies of necessary proofs are to be attached in single PDF.