Application No. (to be filled by office):	
---	--

## INDIAN INSTITUTE OF SPACE SCIENCE AND TECHNOLOGY



(Declared as Deemed to be University under Section 3 of the UGC Act, 1956) Government of India, Department of Space, Thiruvananthapuram – 695547

## **Post Doctoral Fellowship Programme**

Advertisement No. IIST/Admn/RMT/05/2018 Dated 21.06.2018

## **APPLICATION FORM**

1	Name in full [in BLOCK									
2	Date & Name of News	Paper in which Advt. a								
3	Date of Birth (DD-MM-YY) (Please attach proof of age)									
4	Gender									
5	Nationality									
6	Marital Status									
7	Name of Father (Name of spouse in cas	se of married female a								
8	Category [ mark ] [Must be supported by documentary evidence]			UR	ОВС	SC	ST	PWD		
9	Address for Correspondence [in BLOCK LETTERS with PIN code, Contact Phone/Mobile No. and e-mail ID, if any]									
10	Permanent Address [in BLOCK LETTERS v	with PIN code]								
11	Academic Details [Starting from SSC /SSLC onwards] [Enclose self-attested copies of relevant certificates and mark lists]									
	Name of Exam	Specialisation	Board/	University	Year of Passing	% of marks	CGPA	Grade/ Class		

Details of Previous/ Present Employment/ Training in chronological order starting from present position to backwards [to be supported by documentary evidence]						
Nan		<u> </u>	Period o		_	
	anisation (State whether t./Quasi Govt./Private	pay/ salary drawn)	From	То	Nature of duties	3
Gov	L/Quasi Govi./Filvale					_
						_
13	Briefly explain how you have	•				
10	period between studies/em	ployment and till now				
14	List of Publications					_
<u> </u>	(Attach Separate Sheet)	(3 to 5 pages) in the				
15	Detailed research proposal (3 to 5 pages) in the framework of the area advertised. [\(\sigma\) mark ]		Yes		No	
	(Attach separate sheet)					
16	If selected, the minimum tir	me required to join PDF				
10	ii selected, tile millimam til	ne required to join FDI				
17	Other achievements if any					
18	Any other relevant informat	tion you wish to add				
	including references					
Declaration						
I affirm that the information given in this application is true and correct to the best of my knowledge a						
I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected and my PDF terminated.					y	
	·	•				
Date	e:		Signature	4		
			of the Candida	te:		
1						