

Indian Institute of Technology Patna

Form: IITP-PDF

Application for Post-Doctoral Fellowship

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Part A - Applicant's Information

Application for	the Post-Doctoral P	osition in the Dept. of			
Name of the App	licant:				
Name of Father/	Spouse/Guardian:				
E-mail address:			(Recent Photo)		
Present Professi	onal Position and Aff	iliation:			
Telephone Numb	er/Mobile:		Signature		
Gender (M/F/O)	Nationality	Place of Birth	Date of Birth		
Marital status:	Marrie	d Single [
Category: GEN/E	WS/SC/ST/OBC/PH ((attach certificate where	ever applicable)		
Present Address		Permanent Residentia	l Address		
Please mention that a) Present		orrespondence should I b) Permanent	be sent.		
Transaction/UTR	Number of application	n			
	ase attached e-receip				



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Part B - Applicant's Academic History

Educational background:						
Degree# (Start list with most	Duration* (mm/yyyy) Start Date of		Name of Institution/University	% of aggregate	Subjects and Specialization	
recent degree)	date	passing	and Country	marks	opoolanization	
# Please attach self-attested photo-copies of relevant degree certificates/marksheets * If you had to discontinue your studies at any point of time in your academic career, then please mention the reasons here						
Ph.D. Thesis Title:						

Part C – Applicant's Research/Teaching/Industrial Experience:

Research Area/Specialization:

SI. No.	Name and Address of Employer	Date of joining	Date of leaving	Designation	Job responsibilities	Pay



Awards/Achievements/Fellowships

भारतीय प्रौद्योगिकी संस्थान पटना

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(Please list all awards/medals/honors/recognition received for academic achievements. Please also			
include any post-doctoral fellowship awarded previously. Attach separate sheets, if required.)			
List of Selected			
		earch publications authored by y	
Name of the	Volume, Year,	Co-authors	Journal
Journal	Page Numbers		Impact Factor
Provide list of p	atents granted/file	ed (state explicitly) and book p	ublications**
**Please attach complete list of publications, patents and books separately.			
Provide 500-word synopsis of the PhD thesis and one-page research plan			
(Attach separate she	eets)		



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Part D: Applicant's medical report (Self-declaration)

Apı	plicant Name:	
Age	e: Height:	Weight:
1)	Do you have a history of illness or other dis	sorders during the last five years?
2)	Do you have any abnormalities indicated in	the chest X-ray?
3)	Mention your normal Blood Pressure	
4)	Do you have history of any infectious distrachoma, skin diseases, etc.)?	sease (including AIDS, tuberculosis,
Part	t E: References	
Ph.[Nan	D. thesis supervisor:	
Des	ignation:	
Insti	itute/University/Organization:	
E-m	ail address:	
Pos	tal address:	
Tele	ephone:	
Fax:	:	



Date:

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Form: IITP-PDF Additional referees: Name: Designation: Institute/University/Organization: E-mail address: Postal address: Telephone: Fax: Name: Designation: Institute/University/Organization: E-mail address: Postal address: Telephone: Fax: **Declaration by the Applicant:** I hereby declare that all the above particulars are correct. Further, I confirm that I have included 500-word synopsis of the PhD thesis and one-page research plan for IIT Patna as additional sheets. I understand that my direct or indirect association with any unlawful organization is forbidden. I am aware that any incorrect information may lead to cancellation of my candidature/selection. If selected, I promise to abide by the rules and regulations of IIT Patna. Place:

Please attach a No-Objection-Certificate (NOC) from present employer to join as Post-Doctoral Fellow at IIT Patna in the event of selection.

Signature of candidate in full



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SCREENING OF APPLICATION (FOR OFFICIAL USE ONLY)

Recommendation of	of competent	authority	based	on	the	informa	tion
furnished in this fo	rm:						

Forwarded to Department of	for reviewing the
"RESEARCH PLAN" submitted by the applicant.	