



National Institute of Technology Raipur

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(An Institute of National Importance)

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Application Form for JRF in Information Technology for UNICEF Sponsored Project

To
Dr. Chandrashekar Jatoth
Assistant Professor (Gr-I)
Dept. of Information Technology
National Institute of Technology Raipur
Raipur – 492010, C.G., India

Self-attested
 Photograph

GATE/NET qualified (Please tick ☒)	Yes / No	If yes, discipline:
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 ☒)		SC / ST / OBC / PWD / General
8.	Nationality		
9.	No. of research publications, if any (Enclose the list)		SCI Journal - Other Journal - Conference – Book Chapter/Book -
10.	Additional information, if any		

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

Sl. No.	Examination / Degree / Diploma passed	Name of the Institute/College	Name of the Board / University / Institution	Class / Division	Discipline	% of marks or CGPA out of 10	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	From Date	To Date	Experience (__Yr. __Months)	Last Pay scale & Gross 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