

**Post-\_\_\_\_\_\_\_\_\_\_\_\_ Fellowship Application**

**Personal Information**

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| --- | --- | --- | --- |
| Name | : | |  | | --- | | Passport Size Photo | |
| Father’ | : |
| Gender | : |
| Marital Status | : |
| Date of Birth | : |
| E-mail ID | : |
| Contact Number | : |
| Address | : |
| City | : |
| State | : |
| Country | : |
| Postal Code | : |

**Project Proposal**

|  |  |
| --- | --- |
| Proposal Title | : |
| Specific Research Area | : |
| Background Research | : |
| Proposal Novelty | : |
| Proposal Objectives | : |
| Proposal Opportunities | : |
| Research Proposal | : |
| Preliminary Research | : |
| Commercialization Plan | : |

**Educational Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Examination/ Degree** | **Subjects** | **Percentage/ Grade** | **University/ Board** | **Passing Date** | **Place** |
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**Research Work/ Publication**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Publisher** | **Date of Publication** | **Publication Type** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Patent Filed/ Granted**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of Patent** | **Patent Application Number** | **Applicant Name** | **Patent Number** | **Technology Area** | **Commercial Feasibility** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Workshops/ Seminars/ Conferences/ Symposia Attended**

|  |  |  |
| --- | --- | --- |
| **Name** | **Workshop/ Seminar/ Conference/ Symposia** | **Date** |
|  |  |  |
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|  |  |  |

**Training Program Attended**

|  |  |  |
| --- | --- | --- |
| **Name** | **Area** | **Date** |
|  |  |  |
|  |  |  |

**Professional Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Address** | **Location/ Country** | **Dates (From- To)** | **Responsibilities** | **Position held (Pay scale, if any, in service)** |
|  |  |  |  |  |
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**Thesis Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Name of Guide** | **Institute/University** | **Joining Date** | **Passing Date** |
|  |  |  |  |  |

**References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Address** | **E-mail ID** | **Contact Number** |
|  |  |  |  |  |
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**Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date: Applicant Signature

Note: Attach self-attested photocopies of all relevant documents with the application form and send them to below mentioned address before **30/06/2019** otherwise your application will not be considered for further processing. Address- **Chief Coordinator, University Innovation Cluster, CCT, University of Rajasthan, JLN Marg, Jaipur- 302004**.