

Indian Institute of Technology Guwahati

Application Form for Admission to Institute Post Doctoral Fellowship (IPDF) Programme

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i. Nai								
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Addres	ss for Communication:		Per	Permanent Address :				
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2. Det	University/College/Board	Dograa abtained	nelor's Year	% Marks/ CGPA/CPI	Class/Division	Subjects taken		
	ether any degree was obta the relevant) YES	nined through Corr	-	dence course		ucation mode		
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Name of Organization		Desigi	Designation	From	То	Nature or Work
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□ Journal Pa	pers					
Conference	e Public	ations				
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9. P	ersonal Information:	4.5	Miller of the column of the co				
(a)	Father's / Spouse's Name	(h)	Whether the applicant is YES NO employed?				
(b)	Father's /Spouse's occupation		(If yes, the application should be submitted through proper channel or NOC from the employer to be submitted at the time of interview)				
(c)	Place of Birth	(i)	Gender : Male Female Whether				
(d)	Mother tongue	(j)	SC/ST/OBC(NCL): YES NO				
(e)	Nationality		(If yes, enclose the relevant copy of the certificate) Name of the caste / Sub-caste				
(f)	Annual Income	(k)	Whether Person: YES NO With Disability (PwD)				
(g)	Martial Status Married Unmarried		(If yes, enclose the relevant copy of the certificate briefly describe its nature)				
	DECLARATION I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. I understand that association (active or passive) with						
	nlawful organization is forbidden. If selected, I promise						
Depa admi	I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular Department and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.						
I her	eby further declare that, I have not completed five y	ears sin	nce completion of my Ph.D.				
Plac Date			Signature of Applicant				
 Chec	:k List :	•••••					
1) TI	ne filled up application form should have the following	enclosu	ires:				
	a) A two page write-up on the intended Research w	ork at I	ITG.				
	b) At least two letters of recommendations / reference from peers regarding the research capabilities and other attributes.						
	c) No objection certificate / relief certificate from	the pre	sent employer (if currently employed)				
	d) Photocopies of the Degree certificates.						
	e) Photocopies of two best journal papers.						
2) If	2) If any one wants to apply to more than one department, he/she should apply separately for each department.						

2) If any one wants to apply to more than one department, he/she should apply separately for each department

3) The applications should be sent (through proper channels in case of the employed candidates) to the following address:

Academic Registrar Indian Institute of Technology Guwahati, Guwahati-781039

INSTITUTE POST DOCTORAL FELLOWSHIP (IPDF) AT IIT GUWAHATI

NO OBJECTION CERTIFICATE FROM THE EMPLOYER

(To be submitted along with Application)

The	application of	working as			
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	since	, is herewith recommended			
and	forwarded for Institute Post Doctoral F	ellowship (IPDF) at IIT GUWAHATI in the			
Dep	artment of				
	This organization does not have any object if selected and the applicant will be dep	ection for accepting IPDF at IIT Guwahati outed/granted leave.			
	Till the completion of his/her research programme, the applicant will not ordinarily be transferred to another unit or place which may impede his/her work under the scheme. If such a transfer is necessary, IIT Guwahati will be informed within month of such transfer. We understand that continuing of IPDF will depend on IIT' decision in this regard, taking into account all relevant factors.				
Date	e:	Signature of the Officer:			
Seal of the organization/ Institution		Name and Designation:			
		Postal address of the Organization:			