**Central University of Tamil Nadu** तमिलनाडु के न्द्रीय मिश्वमिद्यालय



*(Established by an Act of Parliament, 2009)*

# Thiruvarur 610005

## APPLICATION FOR THE POST OF RESEARCH ASSISTANT

## ICMR SPONSORED PROJECT

|  |
| --- |
| Recent photograph |

1. Name of the applicant :
2. Father’s Name :
3. Date of Birth & Age :
4. Sex :
5. Marital Status :
6. Nationality :
7. Category (SC/ST/OBC/General):
8. Address with phone number and email ID:
9. **Academic Record**
10. CSIR/UGC/GATE Exam Qualification details with Percentage, Rank, year of pass etc.

1. Qualifying Examination (10th Standard onwards)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **School/Degree** | **Board/University** | **Grade/ %** | **Subjects** | **Year of Passing** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Details of the M.Sc., the project carried out with the title, duration, place of work, area worked on, mentor/guide’s name (Must bring a copy of M.Sc., thesis)
2. List of publications (if any)
3. List of conferences/ Seminars/ Workshops participated (if any)

Page **1** of **2**

1. **Working Experience (if any)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **Organization Name** | **Designation** | **Job Responsibilities** | **Duration** | |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Name and addresses of two referees along with phone numbers and E-mail addresses:**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone: | Phone: |
| E-Mail: | E-Mail: |

8. Any other relevant information: (Please attach separate sheet if required)

## Declaration

I hereby declare that I have carefully read and understood the instructions and particulars on this application and notification and that all entries in this form as well as in the attached sheets are true to the best of my knowledge and belief.

Date: Signature

Place:

Page **2** of **2**