

INSTITUTE OF NANO SCIENCE & TECHNOLOGY

(An Autonomous Research Institute of Department of Science and Technology, Government of India)

Knowledge City, Sector 81, SAS Nagar, Mohali- 140306, Punjab

APPLICATION FORM (R.A/PDF)

(Please fill the form in BLOCK CAPITAL LETTERS only)

(Please IIII the form in BLOCK CAPITAL LETTERS only)	
For Office use	Affix latest
Application No:	Passport size color Photograph here
Date of Receipt:	
1. Name of the Applicant Mr./Ms(In block CAPITAL letters)	
2. Father's/Mother's:	
3. Gender: 4. Date of Birth: Age (as on)	YD
5. Marital Status: 6. Spouse's Name	
7. Do you belong to GEN/ SC/ ST/ OBC/ PH category**(Please enclose self-attested copy of the certificate, if applicable)	_
8. Present Mailing Address	
State:Pin code: Telephone and Mobile No E-mail ID:	
9. Permanent Address	
State:Pin code:	
Telephone and Mobile No	·
E-mail ID:	

or. No.	(with discipline)	College / Board	Passing		s / CPI		Rank	Subjects 1a
arting	nployment Record/ with present emplo	oyment up to the f	irst employ	ment] (S	Self-Atte	sted c	opies to be e	enclosed)
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10. Details of academic record [in chronological order from highest up to matriculation]

Year of Percentage of Class/Grade/ Subjects Taken

(Self-Attested copies of the mark sheets/certificates to be enclosed)

University /

Sr. No. | Degree/ Exam

12.	Total Experience in years as on (26-12-2019):							
13.	Brief Details of Research Experience:							
-								
14.	A complete List of Publications indicating Impact Factor must be attached in a separate sheet. Alongwith this sheet, copies of front-page of each publication be enclosed.							
	DECLARATION							
I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If, at any time, I am found to have concealed/distorted any material information, my candidature shall be rejected and/ or my appointment as Postdoctoral Fellow shall be liable to be summarily terminated without any notice/compensation.								
Dat	ted: Signature							
Plac	ce: Name:							