

## 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) Affix latest Passport size color For Office Photograph here Application Date of 1. Post Applied for: 2. Name of the Applicant Mr./Ms. (In block CAPITAL letters) 3. Father's/Mother's: 4. Gender:\_\_\_\_\_\_5. Date of Birth:\_\_\_\_\_\_Age (as on\_\_\_.\_\_.\_\_\_)\_\_\_\_Y\_\_\_M\_\_\_D 6. Marital Status: 7. Spouse's Name 8. Do you belong to GEN/ SC/ ST/ OBC/ PH category\* \*(Please enclose self-attested copy of the certificate, if applicable) 9. Present Mailing Address Pin code: State: Telephone and Mobile No. E-mail ID: 10. Permanent Address

State: Pin code:

Telephone and Mobile No.

E-mail ID:

Sr. No.	Degree/ Exam (with discipline)	University / College / Board	Year of Passing	Percentage Marks / CI		ss/Grade/ Rank	Subjects Tak
	ployment Record/						
	Organization (also specify whether Govt./PS or Autonomous body or /Private)	Post Held (Also U specify whether		pay/ Durand (E			enclosed)  Nature of duties
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11. Details of academic record [in chronological order from highest up to matriculation]

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

13.	Total Experience in years as on ( ):
14.	Brief Details of Research Experience:
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15.	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
noth info	rtify that the foregoing information is correct and complete to the best of my knowledge and belief and hing has been concealed/distorted. If, at any time, I am found to have concealed/distorted any material rmation, my candidature shall be rejected and/ or my appointment as Postdoctoral Fellow shall be to be summarily terminated without any notice/compensation.
Dat	ted: Signature
Pla	ce: Name: