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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **Application for Outstanding Research Fellowship**

**(For Ph.D Scholars of NIT Meghalaya only)**

Fix a signed Passport size Photograph

**Basic Information:**

Department (Please tick): CS/EE/EC/ME/CE/PH/CY/MA/HS

Category (Please select): GEN/SC/ST/OBC/PWD

**Personal Information:**

Name of applicant: …………………………………………..

Date of Birth: ………………………………………….

Gender (Please tick): M/F/other

Email: ………………………………………………………………….

Phone No: ……………………………………………………………..

Identity Proof (Please Tick): Aadhar / Voter ID/ Passport

Marital Status(Please Tick): Single/Married/Others

Religion: ………………………………………………….

Nationality: ……………………………………………

Father’s/Guardian's Name: ……………………………………………….

Father’s/Guardian's Occupation: ………………………………………..

Annual Income of Father/Guardian (in Rs): ………………………………

**Present Address for Communication:**

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PO: ………………………. PS: ………………………….

City/District: …………………………………………………………

State: ………………………………………………………………….

Pin Code: …………………………………………………………..

**Permanent Address**

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PO: …………………………. PS: ………………………………………

City/District: ……………………………………………………………

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Pin Code: ………………………………………………………………

**Academic Information**

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| **Examination** | **Name of Degree exam** | **University/Board/Council** | **Year of passing** | **%Marks/CGPA** | **Total CGPA & Semester** | **Branch/**  **subjects studied** |
| **SSC/10th/matriculation** |  |  |  |  |  |  |
| **HSC/10+2/Diploma** |  |  |  |  |  |  |
| **UG** |  |  |  |  |  |  |
| **PG** |  |  |  |  |  |  |
| **Ph.D** |  |  |  |  |  |  |

Any notable achievements during UG/PG/PhD (If any- Please mention within 50 words):……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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**GATE/UGC-NET/CSIR/etc Qualification:**

Whether qualified (Please Tick): Yes/No

(If Yes, please provide the following details;

Category………………………Roll No …............. Rank …………….. Year …………….)

**Ph. D Details:**

Ph. D Roll: ……………………………

Date of Enrollment: ………………............ Date of Registration: …………………………………

Title of Thesis: ……………………………………………………………………………

Synopsis: ……………………………………………………………………………

Date of Pre-Submission Seminar: …………… Date of Ph. D Thesis Submission: .………………

Date of Award/Defense Examination: ………………………………………………… (If awarded)

Name of the Supervisor: …………………………………………………………………………

Name of the Co-Supervisor, if any: ………………………………………………………………………

Whether Ph.D Thesis Submitted within 4 years from enrollment: Yes/No

**Journal Publication Details**

(Publications in paid journals /open access should not be considered)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author orders as per publication** | **Title of the Paper** | **Title of Journal** | **Publisher** | **Pg No.** | **Vol.** | **Published Year** | **Published link/**  **DOI/** | **SCI/SCIE/ESCI/ASCI/Scopus** | **Impact factor (if any)** | **Citation (if any)**  **Scopus/Google scholar** |
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**Patents Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Authors | Title of Invention | Status (Filed/Published/Granted) | Year |
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**Conference/Book-Chapter Publication Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Author orders as per Publication** | **Title of the Paper** | **Title of Conference/**  **Book Chapter** | **Place** | **Duration Dates** | **Pages** | **Year** |
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**Experience (if any):**

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| --- | --- | --- | --- | --- | --- | --- |
| Organization | Place | Period served from | Period served to | Position | Regular/Temporary | Nature of Work |
|  |  |  |  |  |  |  |

Whether hostel accommodation is required or not: YES/NO

**Declaration**

I certify that the information given above are correct and true to the best of my knowledge. If anything is found to be incorrect, my candidature may be cancelled and action as deemed appropriate by the Competent Authority may be taken. If appointed, I shall abide by the Institute rules and regulations.

**Signature of candidate**

**Date: Place:**

**Enclosures:**

1. Synopsis (YES/NO)
2. Proof of Publication (1st page) (YES/NO)
3. Proof of Patent (YES/NO)
4. Proof of any other credentials (YES/NO)

**Name & Signature of Supervisor(s)**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Co-Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks by the DRC**

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**Signature of DRC members:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Remarks by the DRC Chairman:**

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**Signature of DRC Chariman**

**Forwarded to**

**Dean(AA)**