

The Office of Dean -Research

SRM University-AP, Andhra Pradesh 522 240

Application Form for University Post-Doctoral Fellowship

Department in which Candidate Proposes	s to work:
(Please type or write using BLOCK LET	TERS)
1. Name in Full	:
2. Gender	:
3. Marital Status	:
5. Address	
(a) Official with (Designation)	:
Phone/ Mo	obile:
(b) Residential	:
Phone/ Mo	obile:
6. Email Id	:
7. Date of Birth (DD/MM/YYYY)	:
8. Nationality	:



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50	cial Status		•	OC	OBC	BC	MBC	SC	ST
10. Major Area of Research		:			•••••			•••••	
. C	urrent Area	of Research	:		•••••	•••••	•••••	•••••	•••••
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	etails of Universificates)	versity/ Institutions	Stuaiea in (Bacnelor	s ievel and	. above): (1	riease att	acned pn	otocopies
S. No.	Degree	Discipline	U	niversity/C	College	Year	Averaş Marks	ge /CGPA	Class Divis

13.	Details of Previous	Employment/Post	-Doctoral Experience
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S. No.	Employer	Position Held	Date of Joining	Date of Leaving	Salary with Scale of Pay



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14. Publi	cation details	(please	attach a	list of	publications	as an	annexure)
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	International	National
Journal Publications		
• Conferences		
Books / Book Chapters		
Patents (Published/Granted)		

15. S	Scopus/	W(OS/O	rchid	ID	and	Link:
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- **16.** A brief write-up on the research plan and the courses you would like to teach.
- 17. Name and Address of three references (at least two of them should be familiar with your recent work)

Name	Referee 1	Referee 2	Referee 3
Designation			
Address			
Email			
Contact No:			

18. A detailed CV providing a list of publications (full authors list, title of the paper, journal name, etc.), teaching/research/industrial experience, and projects undertaken. Also enclose your three best papers.

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

Place:	
Date:	Signature of Applicant

The completed form should be sent with all the requested attachments to the Office of Dean-Research.