

APPLICATION FORM FOR PROJECT FELLOW RUSA 2.0

INTERNAL QUALITY ASSURANCE CELL (IQAC) BHARATHIAR UNIVERSITY, COIMBATORE-641046

РНОТО

itle of the Project:				
ame of the Principal Investigator:				
ame of the Department:				
. Name (in Block Letters)	2. Gender (Tick Appropriate)			
	Male Female Transgender			
Date of Birth	4. Age as on 01.01.2019			
. Nationality	6. Any fellowship/scholarship received			
. Community (Attach Attested Copy)	8. Aadhar Number (Attach Attested Copy)			
BC / MBC / ST / SC / OTHER				
. Applicant's Mobile Number	10. Applicant's Email id			
1. Father's Name	12. Father's Occupation			

13. Permai	nent Address (Attach	Address Proof) 1	4. Communica	tion Address	(Attach Address Proof
15. Educat	ional Qualifications (A	Attach attested copies a	s proof)		
Course	Subject	Institution Studied	% of marks	Class	Year of completion
H. Sc.					
B. Sc.					
M. Sc.					
M. Phil.					
Ph. D.					
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16. Additio	onal Qualifications (At	tach attested copies as	proof) Any		-
					Attach in a separate
Exam	Year of Passing	Score / Rank	Any other	Year of	Score / Rank
SET	3	,	Exam	Passing	,
NET					
GATE					
19. Any Ot	her Details				
Declaratio	n by the applicant				
		hereby DECLARE that all			_
application	C ' ' TC -1 '	formation provided four	d to be false I	Iniversity hav	ve rights to take
	n form is true. If the in	ioi mation provided iodi	iu to be laise, c	inversity na	, 6 1 18 116 60 60116
action.	n form is true. If the in	iormation provided four	id to be laise, c	miversity na	To regime to visite
	n form is true. If the in	iormation provided four	iu to be faise, c		cure of the Applicant