

भारतीय सूचना प्रौद्योगिकी संस्थान राँची

(An Institution of National importance under act of Parliament) Ranchi, Jharkhand, India

Advt. No.: IIITR/RG/2023/109 IIITR/RG/2023/110

Date: 21.06.2023

Application form for PhD Admission

 (i) Department: (ii) Admission Category: *Refer to Table-1 of PhD admission brochure 	
For Office Use	Photograph
(i) Registration No:	
(ii) Signature of the receiving officer:	
(iii) Date of Receipt:	

1.	Name in Full (In Block Letters)							
2.	Father's/Husband/ Name	Wife					50	_	
3.	(dd/mm/year)		ider: ic/Female	Age:	Marital S Married/	tatus: Unmarried	Nationality:		Religion:
4.	Category (UR/EWS/OBC/SC/ST) (Enclose proof in case of EWS/OBC/SC/ST)								
	Whether Physically Challenged (Yes/No)								
5.	Present Employment with Salary Details, if any								
	Institute/Organization		Designation		Nature of Work	Pay Band	Grade Pay		otal Salary Per month) in Rs.
	-								
6.	Address for Correspondence								
	Pin Co Mobile Nos.								
	110000 1103								
	Email								

7.	Perma	nent Ado	dress											
				Pin Co										
8.														
	Sl. No.	Degre	Specia	Specialization			Name of the University/Institute			0	% of Marks/ CGPA	Class/ Division		
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	(ii)	B. Tec	h.											
	(iii)	XII Cl	ass											
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	(v)	Other	if any											
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10.	GATE	/UGC-N	ET/CSIR-N	NET Exan	nination	n Qual	lifie	d, if a	ny (atta	ch self-atte	ested	copy of	relevant	
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		ination me	Reg. No	o. Braz	nch	Year	M	arks	Score	All Inc Rank (A			lid/Invalid current year	
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	Indus	try/Orga	nization	Start Date	e En	nd Date	e	Dura	ation	Designatio	on	Nature of work	Pay Scale	
12.	Teachi	ng Expe	erience Deta	ails, if any										

	Institute/Organization	Start Date	End Da	te	Duration	Designa	tion	Nature of work	Pay Scale		
13.	R & D Experience Detail	s, if any									
	Institute/Organization	Start Date	End Da	te	Duration	Designat	tion	Nature of work	Pay Scale		
14.	Administrative Experience	ce Details, if	any								
	Institute/Organization	Start Date	End Da	te	Duration	Designat	tion	Nature of work	Pay Scale		
15.	Courses Taught during la	at 2 years if	0.001/								
13.	Courses Taught during la Course Title	ist 5 years, ii	Level (UG	(PG)	Bra	nch		No. of		
						210			1,01,01		
 16. Number of Publications, if any (Please attach a separate sheet with all deta SCI/Scopus Journal papers along with ISBN No.): 											
	Natu			P	ublished (SC	CI/Scopus)	In-	Press (SC	CI/Scopus)		
	(i) Refereed Journals	National									
		Internation	nal								
	(ii) Conference Proceedings	National									
	Floceedings	Internation	nal								
17.	Number of Books Published, if any:										
	Title of the Book		Name of Author(s)		me of the ublisher			Year of ublicati on	Reprint No./ Edition No.		
18.	Number of Chapters Pub	lished, if any									
	Title of the Chapter & Book	Name Author			e of the blisher	ISBN No.	Year of Publication		Reprint No./ Edition No.		
19.	Editor of Journals, if any								<u> </u>		
		he Journal			Name of t	he Publish	er		ional national		

20.	20. Reviewer of Journals, if any										
	Name of	Name of the Publisher			National						
					/Inte	rnational					
01											
21.	Number of Patents, if an Name of Patent	Awarding Reg			gistration No. Date &			ar of	Submitted		
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22.	Sponsored/ Industry Pro	ioota j	fony			mpleted:				On going:	
22.	Title of the Project	jects, i	Spons	Year		PI/		Т	otal	On-going:	
	The of the Project		ored	Compl			gator		ount in	Complet	
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23.	Number of Awards/ Hon	ours/I	Prizes/M	edals:							
	Awarded (Title)										
	Proposed, if any										
24.	Number of Short-Term (Course			mpos						
	Type of the			e of the		Sponsoring Per				oordinator/	
	Course/Workshop etc.		Course/V	worksno tc.	р	Agency		Course		Co- Coordinator	
										coordinator	
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25.	Membership/Fellowship				s, 11 a		p status (Life/ Annual)				
	Name of the Professional Body						p statu	s (LIIC/	Annuc	u <i>)</i>	
26.	Name two referees with	compl	lete conta	act detai	ls inc	luding address	s, Tel. I	Nos., F	Fax Nos	., Email	
	address										
	(i)										

	(ii)									
27.	Application Fee:									
	a. SBI Collect /Payment Reference Number:									
	b. Date of Payment:									
	c. Payment Amount:									
	d. Candidate Name:									
	e. Candidate Mobile Number:									
28.	Any other relevant information									
	List of Enclosures (Academic and Professional Qualifications)									
	(i)									
	(ii)									
_	(iii)									
-	(iv)									
	(v)									
	(vi)									
	DECLARATION									
of m infor notic	eby, solemnly declare that the information furnished in this application are true and correct to the best y knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ mation or given any false details, my admission shall be liable to be summarily terminated without e of compensation.									
Place										
Date	Signature of the Applicant									