Dr. Ambedkar Chair Scheme

Photograph



Dr. Ambedkar Foundation

Ministry of Social Justice and Empowerment, Govt. of India

**ASSAM UNIVERSITY:: SILCHAR**

**Application Form for Doctoral Fellow**

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| Programme:  | Ph.D |

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| 1 | Name (in block letters) : |  |
| 2 | Father’s name : |  |
| 3 | Mother’s name : |  |
| 4 | Date of birth: |  DAY  | MONTH | YEAR |
| 5 | Gender: | Male |  | Female |  | Transgender |  |
| 6 | Category to which you belong | SC/ST/OBC/PWBD/EWS/UR (Strike off whichever is not applicable) |
| 7 | a) Details of Fee deposited: | I. DD No. & Date: |
| b) Issuing Bank & Branch: |  |
| c) Amount of Fee: |  |
| 8 | Present Address : |  |
|  |
|  |
| Mob: | Email: |
| 9 | Permanent Address: |  |
|  |
|  |
| Mob: | Email: |
| 10 | AU Regn. No. & Year : |  |
| 11 | Whether employed, if yes give the details (attached separate sheet if necessary): |  |
| 12 | Whether drawing any Fellowship? | Yes No (Put tick[🗸] in a appropriate box) |
| 12 | Educational Qualifications: | Percentage of Marks(%) attach self attested copies of marksheet.  |
| (i) | 10th standard : |  |
| (ii) | 10+2 standard : |  |
| (iii) | Bachelor Degree : | Subject | Total Marks obtained | Percentage/Grade |
| (iv) | Master Degree : | Subject | Total Marks obtained | Percentage/Grade |
| 13 | Have you clear NET/SLET | Yes No (Put tick[🗸] in a appropriate box) |
| 14 | Have you cleared JRF ? | If Yes Year (Attach certificate) |
| 15 | Title of two Research Theme: (attach separate sheet if necessary) | I.II. |
| 16 | Have you attached typed & signed copy of separate sheet detailing the research interest and proposed research work.  | Yes No (Put tick[🗸] in a appropriate box)***Save a soft copy of the proposal as indicated at Sl. No. 15 & 16 for future use and references.*** |
| *The above information furnished by me is true to the best of my knowledge and belief. In the event of the information furnished by me is found incorrect or false, any action may be taken against me as per rule. Moreover, I do hereby undertake that I shall refund all the amount of if I discontinue the Ph.D/ Doctoral Programme.*Date: *Full Signature of the Applicant*The name of the above mentioned candidate has been recommended & approved for Doctoral fellowship under Dr. Ambedkar Chair Scheme. *Signature of Chair Professor/Supervisor*  |