

**INSTITUTE OF PUBLIC ENTERPRISE**  
**Application Form for National Research Fellowship**

Affix your  
 passport size  
 photograph  
 here

Name of the Thrust Area :							
1.	Name of the Applicant						
2.	Father's / Husband Name :						
3.	Address for Communication (including mobile number and email ID)	Mobile : Email :					
4	Permanent Address						
5	Date of Birth (DD/MM/YYYY) and Age as on 01-03-2020						
6	Gender (Male / Female)						
7	Marital Status						
8	Educational Qualifications (Enclose copies of certificates)	Name of Examination (write the name)	Name of the University	Year of Passing	% of marks	Division	Subjects / Disciplines
		P.G.					
		U.G.					
		Intermediate or XII					
		SSC. or X					

9.	Ph.D. Registration details	Whether Registered for Ph.D. :  (1) University : (2) Department : (3) Supervisor's Name : (4) Date of enrolment : (certificate to be attached) (5) Title of the Ph.D. work :										
10	Indicate your category (Enclose copies of certificates)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">GEN</td> <td style="width: 10%;"></td> <td style="width: 10%;">SC</td> <td style="width: 10%;"></td> <td style="width: 10%;">ST</td> <td style="width: 10%;"></td> <td style="width: 10%;">BC</td> <td style="width: 10%;"></td> <td style="width: 10%;">PHC</td> <td style="width: 10%;"></td> </tr> </table>	GEN		SC		ST		BC		PHC	
GEN		SC		ST		BC		PHC				
11	Title of the Research Proposal (Proposal can differ from Ph.D Work)											

**Declaration**

I hereby declare that :

1. The information provided is true, and I have not concealed any information in my application. If IPE finds any contrary information at any stage, it may cancel my Fellowship outright.
2. I have neither been subjected to any disciplinary action nor found guilty of any criminal offence in my career.
3. The Research Proposal and its contents are entirely original and as per the standard research practice.
4. I shall work on full time basis and shall not accept any employment without the prior approval of IPE.

Place :

Date :

Signature of the Candidate