

<p>(a) <input type="text"/>/ <input type="text"/>-<input type="text"/>-<input type="text"/> / CSIR/UGC-NET-JRF</p> <p><input type="text"/>/ <input type="text"/> <input type="text"/> / Registration/Roll No.: _____</p> <p><input type="text"/> <input type="text"/> / Date of exam: _____</p> <p><input type="text"/> / Validity: _____</p>	<p>(b) <input type="text"/>, <input type="text"/> / JEST, GATE</p> <p><input type="text"/>/ <input type="text"/> <input type="text"/> / Registration/Roll No.: _____</p> <p><input type="text"/> (<input type="text"/> <input type="text"/>) / Score (percentile and Rank): _____</p> <p><input type="text"/> / Validity: _____</p>
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6. (/ /) / Experience (Teaching/Research/Industrial etc.) if any:

/Name of the Organization	Designation /	Period		Nature of Work
		From	To	

7. (, / /) / Research Publications (if any, submitted / accepted / published):

8. / Personal Information:

a	/ Nationality	
b	/ Gender	
c	/ Marital status	
d	/ Father's/Spouse's Name	
e	<input type="text"/> <input type="text"/> : <input type="text"/> / <input type="text"/> (<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) Whether person with disability : Yes/No (if yes, furnish necessary document)	
f	<input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> ? (<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) Whether belongs to: UR / SC/ST/OBC / PH	

