

DEPARTMENT OF COMPUTER SCIENCE & AUTOMATION

APPLICATION FORM FOR FRESH AWARD OF INSTITUTE RESEARCH SCHOLARSHIP

1. NAME OF THE STUDENT : _____
2. SR.NO. : _____
3. DATE OF JOINING THE INSTITUTE : _____
4. DEGREE REGISTERED AND DATE OF: Ph.D/M.Sc(Engg.)
REGISTRATION
5. (I) WHETHER AWARDED SCHOLARSHIP BEFORE, EITHER BY OR
TENABLE AT THE INSTITUTE.
IF SO, GIVE DETAILS OF THE
PERIOD OF AWARD
- (II) WERE YOU A SCHEME STAFF ?: FROM:
(SPECIFY PERIOD) : TO : _____
6. TOPIC OF RESEARCH : _____
7. RESEARCH EXPERIENCE : _____

DATE :

SIGNATURE OF THE APPLICANT

(TO BE FILLED IN BY THE DEPARTMENTAL OFFICE)

1. RECOMMENDATION OF THE CHAIRMAN OF THE DEPARTMENT :
(Please specify the period of Award)

DATE :

SIGNATURE OF THE CHAIRMAN

NOTE : THIS FORM SHOULD REACH THE STUDENTS` SECTION
ALONG WITH `REGISTRATION FORM` AND `CODE OF
ETHICS` DULY SIGNED BY THE CANDIDATE BEFORE 31st
AUGUST.