

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 SCHOLAR- :
SHIP 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.