**COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**APPLICATION FOR UNIVERSITY POST DOCTORAL FELLOWSHIP**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Applicant (in block letters as in Ph.D. Certificate) |  |
| 2. | 1. Date of Birth 2. Sex |  |
| 3. | Nationality |  |
| 4. | Mobile No. |  |
| 5. | Email id: |  |
| 6. | 1. Permanent Address |  |
| 1. Address for Communication |  |

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| --- | --- | --- | --- | --- |
| **Sl. No.** | **Particulars** | | | |
| **Name of the University from which Doctoral Degree is awarded** | **Subject of Study** | **Year of award**  **of Ph.D** | **Remarks**  **if any** |
| 1. | Doctoral Degree |  |  |  |
| 2. | Details of Post Doctoral Research experience |  | | |
| 3. | Details of Awards if any |  | | |
| 4. | Details of Research papers published |  | | |
| 5. | Details of Patent-application/ published |  | | |
| 6. | Details of Research Proposal  (not exceeding 1000 words, separate sheet may be attached) |  | | |
| 7. | Name of the Department/School in which the candidate proposes to do Post Doctoral Research |  | | |

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| --- | --- | --- |
| 8. | Name & Designation of the mentor under whom the candidate desires to carryout Post Doctoral work.  (refer clause 3.3 of UPDF Guidelines 2021) |  |

(Copy of Ph.D Certificate, detailed biodata & other relevant documents (Awards/Publications in Journals/Patent) are attached along with the application).

**D E C L A R A T I O N**

I hereby declare that to the best of my knowledge and belief, the particulars given by me in this application are correct.

Station:

Date:

Signature of Applicant

**CONSENT OF THE MENTOR**

This is to certify that I am willing to supervise and guide the Post Doctoral Research work   
of Sri./Smt.………………………………..in this Department/Institution. Sri./Smt.…………………… is not related to me.

I also certify that, currently …….…………………….University Post Doctoral Fellows is working under my mentorship.

Name, Designation &

Official Address of the Mentor: Signature of the Mentor:

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**FACILITY CERTIFICATE BY THE HEAD OF THE DEPARTMENT**

This is to certify that necessary facilities are available in this Department/Institution for the proposed Post Doctoral Research work of Sri./Smt.……………………………………and if selected, he/she will be permitted to make use of the facilities to carryout the Post Doctoral work in this Department/Institution.

\*(Copy of the Department Research Committee Minutes attached).

Date: (Office Seal) Signature and Designation of the

Head of the Department

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