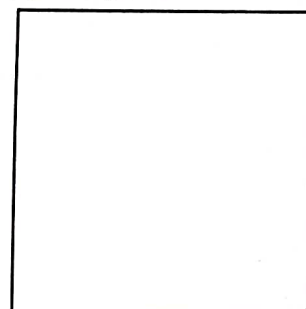


## APPLICATION FORM FOR PDF COURSE AT LGBRIMH

PHOTOGRAPH

1. Name of Postdoctoral Fellowship applied (in order of preference) :

Sl.no	Name of course	Department
1.		
2.		
3.		



2. Particulars of Applicant

a) Name:

b) Date of Birth & Age:

c) Fathers name:

d) Permanent address:

e) Present address:

f) Phone no:

g) E-mail id:

h) Registration no. ( certificate to be attached):

i) Year of post graduation ( Certificate to be attached):

j) Current employment status (if govt employed NOC to be attached):

k) Publication/Research (if any):

l) Experience (if any):

### 3. Academic Qualification

	Name of Degree	Year of Passing	Board/University	Percentage
10+2				
Graduation				
Post Graduation				
Any other				

#### DECLARATION BY THE CANDIDATE

I declare that the above mentioned particulars are true and I agree to abide by the rules and regulations of the Institute as framed from time to time.

Signature of the candidate with date