Application for CIMAP-JNU PhD Programme Central Institute of Medicinal and Aromatic Plants P.O. CIMAP, Lucknow-226015



Photograph (Passport size)-Two numbers (one singed passed on application and one unsigned attached)

1.	Nan	ne of	the a	appli	ican	t (in	cap	oital	lette	ers):											
2.	Nan	ne of	Fath	er o	r M	othe	r:														
					Da	0.17	Mor	ath		Va											
				F	Da	ay	MOI	lun		Yea	ar	1	1								
3.	Date	e of l	Birth	:																	
4	N T //		• ,	Г												1					
4.	Nati	ional	ity:																		
5	Cat	2000																			
5.	Cate Gen		y.	٦	SC	· [ç	T	Г			OE	2C		Г				
	Gen	erai			sc	· L			R.) 1				UL			L				
6	Gen	der:			N	Male	εΓ		Fe	mal	e										
0.	Gen	uer.			1	viuie	Ĺ		10	mar	C										
7.	Perr	nane	ent Ao	ddre	ss:																
ſ																					
ŀ																					
-																					
L]
8.	Add	lress	for C	Corre	espo	nde	nce:														
-	1			1	1	1			1		1			1				1	1		
9.	Tele	pho	ne nu	mbe	er:																
L												·		_							
10. Fax number, if any:																					
	_																				
11	. E-1	mail	addre	ess:																	

12. Details of Payment (Rs. 500/- for General Candidates, Rs 300/- for SC/ST/OBC/PWD)

Payment Mode:- Online Payment in favour of CSIR-CIMAP Account No. Account No. 30267691783 and IFSC SBIN0000125).

(i) Online Payment Reference No.....

(ii) Date			
		-	

(iii) Amount

(iv) Bank Name

13. Academic record:

Name of	Subjects	University/	Year	Division/	Aggregate
Examination		Board		Grade	Percentage
Matriculation./High					
School/Secondary					
(10 th)					
Senior Secondary					
(10+2) or					
Equivalent					
Bachelor's					
level degree or					
Equivalent					
Master's					
level degree or					
Equivalent					

14. M. Sc. dissertation title and/or research publications, if any:

.....

15. Details of Fellowship:

CSIR NET (JRF)	UGC NET (JRF)	ICMR NET (JRF)
Month Year		
Roll No.		

*Certificate should be enclosed with the application.

16. Declaration:

"I declare that information furnished as above by me is true and correct to the best of my knowledge and belief and that no related/relevant information is concealed. If any discrepancy is observed at any stage, CIMAP will be to cancel my candidature/selection".

Signature of Candidate

Date:

Place: