

Irrigation and Command Area Development Department  
Water and Land Management Training and Research Institute

**Post Doctoral Fellowship**

**Application Form**

<b>S.No.</b>	<b>Item</b>	<b>Particulars</b>
1	Full Name in (Block Letters)	
2	Father/Mother/Spouse Name	
3	Date of Birth and Age( completed years)	
4	Permanent Address	
5	Address for Correspondence ( please include Postal PIN Code, e-mail ID and Mobile number also)	
6	Educational Qualifications	

<b>Level</b>	<b>Specialization</b>	<b>Board/University</b>	<b>Year of Passing</b>	<b>Class</b>	<b>Percentage of Marks</b>
Class X	--				
Plus Two	--				
Graduation					
Post Graduation					
Ph.D.					

7	Previous Research Experience, If any	
8	Whether Qualified in any NET/JRF/SRF, etc?	
9	Whether 2 References enclosed?	Yes/No
10	Whether letter from the Guide/Supervisor enclosed?	Yes/No
11	Whether Research Proposal is enclosed?	Yes/No
12	Any other information relevant for the purpose of the Application	