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RESEARCH & DEVELOPMENT UNIT**

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Name & Address Including email id and Phone no. (for Correspondence)	Category (GEN/OBC/SC/S T/PD)	DOB dd/ mm/yy	Professional Exam. (GATE/CSIR-NET, etc) & Validity
NAME IN CAPITAL Address: Phone: Email:			
Educational Qualification			
Institute/ Board	Exam Passed	Year of Passing	% of Marks/CPI
	10 th Class		
	12 th Class		
	Bachelors (B.Sc/B.Tech/B.E./BCA) or equivalent		
	Masters (M.Sc/M.Tech/M.E/MCA/ MA) or equivalent		
	Ph.D		

Signature of applicant

Date:

Place: