



Indira Gandhi Delhi Technical University for Women
(Established by Govt. of Delhi vide Act 09 of 2012)
Kashmere Gate, Delhi-110006

APPLICATION FORM FOR RESEARCH ASSOCIATE

Affix latest
color passport
photograph

Personal Details

Name: _____

Date of Birth: _____

Nationality: _____

Address: _____

Mobile No. _____

Email Address _____

Educational Qualifications (Please attach copies of certificates):

Examination	Year	Name of Degree	Marks (%)	University/Board
10 th				
12 th				
Bachelor's Degree				
Master's Degree				
Any other Degree				

Degree	Year of Award	Thesis Title/ Area of specialization	Date of Registration	University/ Institution
Ph.D.				
Other Distinctions				

Research/Teaching Experience:

Name of University / College/Institution	Post held/ Designation	From	To	Experience

Research Guidance

PhD: _____ MTech/MPhil: _____ BTech.: _____

Research Paper Publications

Name of Authors (in the same sequence as in the paper)	Title of Paper	Name of the Journal	Vol. No., Pages, Months, Year	SCI/SCIE/ SCOPUS/ Others

Research Publications - Books, Chapters, Edited work, Articles etc.

Title of the Book (s)	Publication Type	Sole/ Co-Author	Publisher (city / country) & Year of Publication	Journal ISSN/ ISBN No.	Refereed or Not

Research Projects:

Title	Period (Months)	Total Grant/ Funding received (Rs.	Name of Sponsoring/ Funding Agency	Outcome of the Project

Consultancy Projects:

Title	Stream Engineering/ Sciences/ Arts/ Humanities etc.	Name of Awarding/ Funding Agency	Amount mobilized in received (Rs.)

Projects Output:

Title	Project Output Patent/ Tech Transfer/Product/ Policy Document	National/ International

Papers presented in Conferences/Workshop/ Symposium:

Name of the authors	Title / Subject of paper	Title/ Subject of conference/ seminar/ works	Organizing Institution (with City &Country)	Type of Conference/ Seminar/Workshop (National/ International)	Proceedings published (Yes/No)

Lectures or Presentations at Conferences/ Symposia:

Title/Academic Session/ Subject	Organizing Institution (with City & Country)	Type of Conference/ Seminar/ Workshop (National/International)	Date of Lecture	Duration

List of Memberships of various Societies/ other Organizations:

Name of the Society/ Organization	Membership Type (Member/Sr. Member/Life Member/Fellow etc)	Period

Honors and Awards:

Other Significant contributions not mentioned above: (you may attach separate list)

Date:

Applicant's Signature

Number and details of the testimonials to be attached with signed hard copy of the completed application form:

1. _____
2. _____
3. _____
4. _____