

GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DIRECTOR
CENTRE FOR EARTH SCIENCES AND HIMALAYAN STUDIES
(AN AUTONOMOUS BODY UNDER DEPARTMENT OF SCIENCE AND TECHNOLOGY)
ITANAGAR, ARUNACHAL PRADESH – 791111
(Email: apceshs@gmail.com, Website: <https://apceshs.org/>)

Please use BLOCK LETTERS

Position Applied for

Project Title

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Post Code No.:

Space for Passport Size
Photograph

Please use BLOCK LETTERS

1. Full Name: Sex (M/F):

2. Father's/ Husband's Name: Nationality

3. Present Address:

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4. Permanent Address:

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5. Email ID:

6. Telephone/ Mobile No.:

7. (a) Date of Birth: (b) Birth Place:

8. State of Domicile:

9. Citizenship:

10. Category: GEN/OBC/SC/ST:

(Please attach certificate issued by the competent authority if belongs to OBC/SC/ST).

11. (a) Academic and Professional qualifications (from High School onwards): Attach self-attested certificate

Exam/Degree/ Diploma	Subject	Percentage of Marks or Grade	Name of Board/ University/Institution	Durati on of Course	Month & Year of Passing

(b) If PhD degree not awarded, please give whichever is applicable (please leave, if not applicable):

Date of thesis Submission:

Likely date of Submission:

12. Title of PhD Thesis (please leave, if not applicable)

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13. Specialization, in terms of Broad Area of Specialization and Exact Area of Specialization:

(a) Subject	(b) Broad Area of Specialization	Exact Area of Specialization

14. Publications and Patents: **(Please attach a list of publications in SCI journals with full references and corresponding with those in the list) (if available)**

(a) No. of Papers (i) Published (ii) Accepted

(b) No. of Books published

(c) No. of patents: (i) Field: (ii) Granted:

15. Prizes, Honours, Awards, Distinctions, if any:

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16. Experience held: (Please attached copy of the experience certificate)

Position	Name of the organization/ agency	Dates		Pay/Wages	Nature of duties
		From	To		

17. Declaration

I have read the terms and conditions of the Institute. I accept and agree to abide by these if the Fellowship is offered to me. I certify that to the best of my knowledge and belief, the particulars given in the application are correct. I understand that the decision taken on my application by CESHS will be final. If false and suppression of factual information in the application form comes to the notice of CESHS at any time during the tenure the fellowship would be liable to be terminated.

Place:

Signature of the candidate:

Date: