



**PH.D FELLOWSHIP SCHEME  
(INFORMATION SECURITY EDUCATION AND AWARENESS PROJECT)  
APPLICATION FORM**

**IN THE FIELD OF** \_\_\_\_\_

1. Name (in Capital Letters) \_\_\_\_\_

2. (a) Date of Birth:

Date

Month

Year

**Please affix attested  
Passport size  
Photograph here**

3. Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_

Phone No : \_\_\_\_\_

STD Code : \_\_\_\_\_

E-mail address, if any : \_\_\_\_\_@\_\_\_\_\_

4. Educational Qualifications:

Sl. No.	Degree	University/Institution	Year	Specialization	Percentage/Grade

5. Are you employed/sponsored : Yes/No  
(If yes, attach No-Objection Certificate from the employer)

6. Area of Research: (Give a brief statement of purpose not exceeding 300 words incorporating scope & objective of the topic of research along with Plan).

7. Give the name and address of two referees who are conversant with the candidates academic credentials.

a. _____	b. _____
_____	_____
_____	_____

8. List of publications (with details and proof)

9. Professional recognition, awards, fellowships received:

10. Any other information.

It is certified that the above information given by me is factually correct.

Date: \_\_\_\_\_ Signature of the candidate

Place: \_\_\_\_\_

Countersigned

Name of Guide

Signature of the Chief Investigator  
of the RC/PI with seal

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

**Note: If any of the information provided in the application form is found to be incorrect, the application will be rejected.**