Applications Invited for Junior Research Fellowship Programme (JRF) 2016-2017

Applications are invited from eligible highly motivated candidates for Junior Research Fellowship (JRF) to pursue Doctoral Research (PhD) in the areas of Dentistry, Medicine, and Allied subjects including Life Sciences.

Limited number of fellowships is available for candidates with proven academic record and who clear the PhD entrance test of the University.

Interested candidates can download the application form and submit the filled-in applications along with curriculum vitae to the following address on or before 31st July 2016.

For further details contact research@yenepoya.edu.in

Address:
The Registrar
Yenepoya University
University Road
Deralakatte, Mangalore -575018
Ph: +91 824 22046000, Fax: +91 824 2204667

REGISTRAR
APPLICATION FOR JUNIOR RESEARCH FELLOWSHIP 2016-17

(To be filled in by the Applicant in BLOCK letters. Incomplete applications will be rejected)

APPLICATION FOR JUNIOR RESEARCH FELLOWSHIP 2016-17

Application No. __________________________ Roll No. __________________________
(To be filled by the office) (To be filled by the office)

SUBJECT
✓ Tick your choice
☐ HEALTH SCIENCES ☐ BIOMEDICAL SCIENCES
☐ OTHERS: __________________________

APPLICANT’S DETAILS

Full Name : ____________________________
Gender : ____________________________ Blood group : ____________________________
Date of Birth : ____________________________ Place of birth : ____________________________
Father’s name : ____________________________ Occupation : ____________________________
Mother’s Name : ____________________________ Occupation : ____________________________
Religion : ____________________________ Caste : ____________________________
(Mother Tongue : ____________________________
Specify Category - SC/ST/OBC/GM)
Marital Status : ____________________________ Name of Spouse : ____________________________
E-mail ID : ____________________________
City of Domicile : ____________________________ State : ____________________________
Correspondence Address:

________________________________________________________________________

________________________________________________________________________

Phone : ____________________________ Mobile Phone : ____________________________
ACADEMIC DETAILS

<table>
<thead>
<tr>
<th>Name of the degree</th>
<th>Specialization</th>
<th>Year of passing</th>
<th>College/University</th>
<th>Marks obtained</th>
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<tbody>
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<td>Undergraduate</td>
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<tr>
<td>Postgraduate</td>
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(Please attach copies of certificates in support of the above details.)

Experience related to research and development: Nil □ Industry □ Academia □
Years of experience: ............................................

Have you applied for PhD programme? Yes □ No □
If yes, applied date and year (DD/MM/YY): / / / 

DECLARATION by APPLICANT:
The statements made above are true, to the best of my knowledge and belief. If found untrue, I am prepared to forego my fellowship. I undertake to abide by all the rules and regulations relating to the university framed from time to time.

Candidate's Signature

Place: ____________________________

Date: ____________________________

ENCLOSURES (DO NOT ENCLOSE ORIGINALS)
1. Marks card of the qualifying Examination. 2. SSLC Marks Card (Date of birth). 3. Conduct certificate from the college last studied.