

**VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA, ODISHA-768018**  
**Technical Education Quality Improvement Programme (TEQIP-III)**

**Application for Assistantship under TEQIP-III for Ph.D.**

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Stamp size  
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|            |       |
|------------|-------|
| Programme: | Ph.D. |
|------------|-------|

|                  |  |   |                  |  |                |  |
|------------------|--|---|------------------|--|----------------|--|
| 1.               | Name of the Scholar  |   |                  |  |                |  |
| 2.               | Registration Number  |   |                  |  |                |  |
| 3.               | Date of Birth  |   |                  |  |                |  |
| 4.               | Nationality  |   |                  |  |                |  |
| 5.               | Gender (Male/Female)   |   |                  |  |                |  |
| 6.               | Father's/Husband's Name  |   |                  |  |                |  |
| 7.               | Permanent Address  |   |                  |  |                |  |
| 8.               | Present Address  |   |                  |  |                |  |
| 9.               | Mobile Number  |   |                  |  |                |  |
| 10.              | Email ID   |   |                  |  |                |  |
| 11.              | Date of Admission (Attach Proof)   |   |                  |  |                |  |
| 12.              | Department   |   |                  |  |                |  |
| 13.              | Specialization   |   |                  |  |                |  |
| 14.              | Whether Regular? (YES / NO)  |   |                  |  |                |  |
| 15.              | Whether receiving any other scholarship (YES/NO)<br>If YES provide details         |   |                  |  |                |  |
| 16.              | Highest Qualification  |   |                  |  |                |  |
| 17.              | Year of passing  |   |                  |  |                |  |
| 18.              | Percentage of Marks/CGPA   |   |                  |  |                |  |
| 19.              | Whether qualified GATE(YES/NO)<br>If YES then year of qualification (Attach Proof) |   |                  |  |                |  |
| 20.              | Details of Savings Bank Account  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Name of the Bank</td> <td></td> </tr> <tr> <td>Account Number</td> <td></td> </tr> </table> | Name of the Bank |  | Account Number |  |
| Name of the Bank |  |   |                  |  |                |  |
| Account Number   |  |   |                  |  |                |  |

### Declaration

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for the assistantship, I promise to abide by the rules and regulations of the institute and TEQIP-III as amended from time to time. I note that the decision of the University/TEQIP-III is final in regard to selection for the assistantship.

Place :

Date :

Full signature of the applicant

### Recommendation

|                                    |                           |
|------------------------------------|---------------------------|
| Recommendation by the HOD          | Signature:<br><br>Date :  |
| Recommendation by the Dean (PGS&R) | Signature :<br><br>Date : |

### For TEQIP Office use

|                     |   |
|---------------------|---|
| Receiving Details : | Date of Receipt of Application :<br><br>Signature |
| Scrutinized by :    | Signature :<br><br>Date :                         |
| Recommended by :    | Date<br>Coordinator, TEQIP-III                    |
| Approved by :       | Date :<br>Vice Chancellor                         |