

NATIONAL COUNCIL OF SCIENCE MUSEUMS
GOVERNMENT OF INDIA

Block-GN, Sector-V , Bidhan Nagar Kolkata-700091

Application Form for the use of candidates for Post Graduate Fellows
for Master of Technology (M.Tech.) Course in Science Communication
(To be filled in by candidates' own handwriting and forwarded to the above address)

Choice of examination centre (Please tick any one)	Kolkata	Delhi	Mumbai	Bangalore
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1	Name in full (in Block letters) In case of female candidate, the appropriate word 'Miss' or 'Mrs.' should be given)	Affix Passport size photograph
2	Address: Present: Permanent : Phone No. E-mail:	
3	Date and place of birth : (i) Date (ii) Place	
4	Are you* (a) a citizen of India by birth and/or by domicile? (b) a person having migrated from Pakistan or Bangladesh or other countries with the intention of permanently settling in India or a subject of Nepal? * Answer 'Yes' or 'No' and cancel the words which are not applicable.	
5	Name of the State to which you belong :	
6	Father's Name : Address* : Occupation* : *If dead, state his last address and occupation before death.	
7	Is (or was) your father* : (a) a citizen of India by birth and/or by domicile? (b) a person having migrated from Pakistan or Bangladesh or other countries with the intention of permanently settling in India or a subject of Nepal? * Answer 'Yes' or 'No' and cancel the words which are not applicable.	
8	State (a) Are you a member of Scheduled Caste or Scheduled Tribe or Backward Class? Answer 'Yes' or 'No' and if the answer is 'Yes', give particulars and attach a certificate from the Competent Authority in support of your claim. (b) Are you an Anglo Indian? (c) Are you physically handicapped? If yes, give details	

NOTE: Any change of address given in Col.2 above should at once be communicated. Candidates must arrange for the re-direction of communications to their new addresses

9 Particulars of all Examinations passed and degrees and technical qualifications obtained at the University or other places of higher technical education (commencing with the Secondary or equivalent examination). Attach testimonials.					
Examination/Degree/Diploma	Name of Board/ University	Percentage of Marks obtained	Class or Division obtained	Major subjects taken	Year of passing

10 Any additional qualifications such as membership of Scientific Societies may be mentioned here.	
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11 Have you been outside India? If so, give following particulars :			
Country visited	Date of visit	Duration of visit	Purpose of visit

12 If you are/were a full time researcher, give the following particulars : (Please attach testimonials)					
Name of the Institution	Date of joining	Date of leaving	Area of research	Stipend/ Scholarship	No. of papers published

13 What language (including Indian Languages) can you read, write or speak? Give particulars and state any examinations passed in each.				
Read only	Speak only	Read & Speak	Read, Write and Speak	Examination passed

14 Details of previous employment. Give particulars below along with testimonials :				
Name of Organisation	Date of joining	Date of leaving	Designation & nature of work	Salary & Grade

15 Are you employed in a Govt./autonomous organisation at present? Answer 'Yes' or 'No'. If Yes, state whether your appointment is temporary or permanent.	
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16 If selected, how much time would you require to join? (Give tick mark)	Immediate / One month / Two months / Three months
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17 Are you willing to work anywhere in India in connection with the study? (Answer 'Yes' or 'No')	
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18 References :	
(The persons referred to should be residents of India and holders of responsible positions. They should be intimately acquainted with the applicant's character and work but must not be relations. When the candidate has been in employment, he/she should either give his present or most recent employer or immediate superior as referee or produce testimonials from him/her in regard to the candidate's fitness for the fellowship for which he/she is an applicant.)	
(i) Name Occupation or position Address	
(ii) Name Occupation or position Address	
(iii) Name Occupation or position Address	

19 List of enclosures :

- 1.
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Date:

Candidate's Signature

Candidate already employed should get the following endorsement signed by his/her present employer.

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT OR OFFICE

No.....

Date :.....

Full Signature :.....

Designation :.....