



MCKV INSTITUTE OF ENGINEERING

An Autonomous Institute under UGC Act 1956
Approved by AICTE & affiliated to MAKAUT, West Bengal
NAAC Accredited "A" Grade Institute
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APPLICATION FORM (2 in a Set)

(RESEARCH)

Category: General/ SC / ST / OBC-A / OBC-B / Physically Challenged

1. Post applied for: (Institute Fellowship/ Project) _____
2. Name of the Research Project & Supervisor/
Coordinator/ Chief Investigator: _____

3. Name of the Candidate in full:
(in block letters) _____
4. (a) Address for Communication: _____

(b) Permanent Address: _____

(c) Contact Details Mobile No.: _____

E-Mail: _____
5. Date of Birth: _____
6. Place of Birth (state the
province in which it is situated) : _____
7. (a) Religion: _____ (b) Gender: _____
8. Marital Status: _____

9. (a) Father's/ Mother's/ Spouse's Name: _____

(b) Address: _____

(c) Profession/ Occupation: _____

10. Candidate's Mother Tongue: _____

11. Give names of two (02) referees with addresses other than your relatives, who are in a position to give information about you and your work:

(a) _____

(b) _____

12. Give particulars of all examinations passed commencing from Matriculation or equivalent examination (Attach certified copy of the University or Institution record)

Add rows if needed

Sl.No.	University/Board	Examination Passed	Year of Passing	Class/ Division	Subjects	%age of Marks /CGPA

13. Whether the applicant has qualified in NET/ GATE/ SLET Examination. If yes, mention the Examination and the year of Qualification: _____

14. Have you been working or worked in any Research Project in this Institution or elsewhere where you had been previously employed? If so, give the following details:

Sl.No.	Name & Address of the Organisation Served	Name of Post	Date of Joining	Date of Leaving	Reasons for Leaving	Gross Salary/ Allowances per month

15. Do you have any contractual obligations with your current employer? If so, furnish details: _____

16. Will you be relieved by your employer, if selected? _____

17. List of self attested testimonials from school /college/ university authorities and present or former employers, submitted with the application form:
(add rows if necessary)

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

18. Next of kin to be informed in case of emergency:

(a) Name: _____

(b) Mobile No.: : _____

(c) Address: _____

(d) Relationship: _____

19. Additional Remarks:

Applicant may mention here any special
Qualification or experience which have
not been included under the above items. _____
If necessary, a separate attachment may be
submitted along with this application form. _____

DECLARATION

I declare that the entries in this form and the additional particulars (if any) furnished) in reply to the questions above are true to the best of my knowledge and belief.

Date: _____

Signature of the Candidate

N.B.: Papers and Documents submitted with the application form will not be returned.