



St. Peter's Institute of Higher Education and Research
(Deemed to be University under section 3 of the UGC Act, 1956)
AVADI, Chennai – 600 054

**APPLICATION FORM FOR
INSTITUTE RESEARCH FELLOW (IRF)**

Affix Recent
Colour Photo
(Passportsize)

[Filled-in application is to be submitted to the Dean (R&D)]

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|----|---|--|
| 1 | Name of the Ph.D. Scholar | |
| 2 | Registration Number | |
| 3 | Department | |
| 4 | Month and Year of Admission | |
| 5 | Date of Joining (enclose copy) | |
| 6 | Date of Provisional Registration (enclose copy) | |
| 7 | Date of Confirmation of Provisional Registration (enclose copy) | |
| 8 | Broad Area of Research / Topic of Research | |
| 9 | No. of Research Advisory Committee Meetings conducted (enclose the copy of the Minutes) | |
| 10 | Research Articles Published in Reputed National/International Journals (enclose reprint along with the documental evidence for data base) | |

| | | |
|----|---|--|
| 11 | Papers presented in National/ International level Conference/ Seminar/ Symposium /etc, (enclose copy of the abstract and certificate of participation) | |
| 12 | Training or Orientation programme /etc., attended(enclose documental evidence) | |
| 13 | Average Family Income per Annum | |
| 14 | Whether First Generation Graduate | |
| 15 | Percentage of Marks in PG | |
| 16 | Whether comes under PWD (Person With Disability) | |
| 17 | Marital Status | |
| 18 | Religion | |
| 19 | Community | GT/BC/BC(M)/MBC/MBC-DNC/ SC/SC(A)/ST/Others |
| 20 | Availed any Fellowship / Scholarship, etc., (enclose details) | |
| 21 | Name of Supervisor with Designation | |
| 22 | Percentage of Attendance (from date of joining to till date) | |

| | |
|----|--|
| 23 | Recommendation / Remarks by Research Supervisor : |
| 24 | Recommendation/Remarks of Head of the Department : |

Signature of the Research Supervisor
with Seal

Signature of the Head of the Department
with Seal

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Declaration by the Applicant

I hereby declare that I have read and understood all the terms and conditions of the IRF. I fulfil the eligibility criteria and have provided necessary and correct information in this regard, I am aware of that in the event of any information being found incorrect or misleading after awarding fellowship, my fellowship shall be cancelled with recovery of amount by the Institute at any time .

Place:

Signature of the Applicant

Date: