



# Academy of Scientific and Innovative Research

Anusandhan Bhawan, CSIR HQ, 2 Rafi Marg, New Delhi-110 001

## PROFORMA FOR ENROLLMENT IN AcSIR Ph D PROGRAMME

Date: \_\_\_\_\_

Area (Please Tick): Biological Science/ Chemical Science/ Physical Science

Session: \_\_\_\_\_

### A) Personal Details:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Nationality: \_\_\_\_\_ Category: \_\_\_\_\_ Person with Disability(Y \N): \_\_\_\_\_

Married Status: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

### B) Communication Links:

Corresponding Address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

Telephone Number (with STD Code): \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail Address(s): \_\_\_\_\_

Paste Recent  
Photograph

**C) General Details:**

AcSIR Application No.	Program	Position/ Fellowship	Lab Name	Name of Guide	Name of Co-Guide(if any)

**D) Tuition Fee Payment Details:**

Date	Mode of Payment	Amount

**(Copy of fee receipt to be enclosed)**

**E) Bank Details:**

Customer Details	Bank Name	Account No.	Branch Name& Code	IFSC Code	MICR Code

**F) Emergency Contact Details:**

Name of the person	Contact Number	Address

**F) DECLARATION:**

1. I reaffirm the declaration signed by me at the time of seeking admission to the AcSIR PhD Program that I will abide by the rules & regulations of the institute.
2. I will not participate any activity, which has tendency to disturb the peace and the orderly life of the campus.
3. I will co-operate with the Institute's authorities in maintaining discipline, academic standards and good order in the campus.

**Place:**

**Date:**

**Signature of the Applicant**