

COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR UNIVERSITY POST DOCTORAL FELLOWSHIP

1.	Name of the Applicant (in block letters as in Ph.D. Certificate)	
2.	a) Date of Birth b) Sex	
3.	Nationality	
4.	Mobile No.	
5.	Email id:	
6.	a) Permanent Address	
	b) Address for Communication	

Sl. No.	Particulars			
	Name of the University from which Doctoral Degree is awarded	Subject of Study	Year of award of Ph.D	Remarks if any
1.	Doctoral Degree			
2.	Details of Post Doctoral Research experience			
3.	Details of Awards if any			
4.	Details of Research papers published			
5.	Details of Patent-application/ published			
6.	Details of Research Proposal (not exceeding 1000 words, separate sheet may be attached)			
7.	Name of the Department/School in which the candidate proposes to do Post Doctoral Research			

8.	Name & Designation of the mentor under whom the candidate desires to carryout Post Doctoral work. (refer clause 3.3 of UPDF Guidelines 2021)	
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(Copy of Ph.D Certificate, detailed biodata & other relevant documents (Awards/Publications in Journals/Patent) are attached along with the application).

DECLARATION

I hereby declare that to the best of my knowledge and belief, the particulars given by me in this application are correct.

Station:

Date:

Signature of Applicant

CONSENT OF THE MENTOR

This is to certify that I am willing to supervise and guide the Post Doctoral Research work of Sri./Smt.....in this Department/Institution. Sri./Smt..... is not related to me.

I also certify that, currentlyUniversity Post Doctoral Fellows is working under my mentorship.

Name, Designation &
Official Address of the Mentor:

Signature of the Mentor:

FACILITY CERTIFICATE BY THE HEAD OF THE DEPARTMENT

This is to certify that necessary facilities are available in this Department/Institution for the proposed Post Doctoral Research work of Sri./Smt.....and if selected, he/she will be permitted to make use of the facilities to carryout the Post Doctoral work in this Department/Institution.

*(Copy of the Department Research Committee Minutes attached).

Date: (Office Seal)

Signature and Designation of the
Head of the Department