University Innovation Cluster - Biotechnology

Centre for Converging Technologies
University of Rajasthan, Jaipur

Post Master Innovation Fellowship

Personal Information

Name :
Father' :
Gender :
Marital Status :
Date of Birth :
E-mail ID :
Contact Number :
Address :
City :
State :
Country :
Postal Code :

Passport Size Photo

Project Proposal

Proposal Title :

Specific Research Area :

Background Research :

Proposal Novelty :

Proposal Objectives :

Proposal Opportunities :

Research Proposal :

Preliminary Research :

Commercialization Plan :

Educational Qualifications

Name of Examination/Degree	Subjects	Percentage /Grade	University/Board	Passing Date	Place

Research Work/ Publication

Title	Publisher	Date of Publication	Publication Type

Patent Filed/ Granted

Title of Patent	Patent Application Number	Applicant Name	Patent Number	Technology Area	Commercial Feasibility

Workshops/ Seminars/ Conferences/ Symposia Attended

Name	Workshop/ Seminar/ Conference/ Symposia	Date

Training Program Attended

Name	Area	Date

Professional Experience

Employer Name and Address	Location/ Country	Dates (From- To)	Responsibilities	Position held (Pay scale, if any, in service)

Pre-PhD Details

Subject	Name of Guide	University	Division/ Grade	Joining Date	Passing Date

References

Name	Position Held	Address	E-mail ID	Contact Number

Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date: Applicant Signature

Note: Attach self-attested photocopies of all relevant documents with the application form and send them to below mentioned address before **07/02/2017** otherwise your application will not be considered for further processing. Address- **Chief Coordinator, University Innovation Cluster, CCT, University of Rajasthan, JLN marg, Jaipur- 302004**.