

# Indian Institute of Technology Delhi

## Continuing Education Programme

Hauz Khas, New Delhi - 110 016

Tel: +91-11-26597118/ 26591915

Web: <http://cepqip.iitd.ac.in>



### **Application Form Summer Faculty Research Fellow Programme - 2020**

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

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Institution/College with Address: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

Pin Code: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: (Male/Female) \_\_\_\_\_

Please affix a recent passport size photograph

#### **Qualification (in reverse chronological order)\***

Degree	Branch Specialization	Year of passing	College/University Institution	% of marks obtained

#### **Total Experience (in reverse chronological order)\***

Name & Address of Employer & Institution	Duration			Designation
	From	To	Years-Months	

\* *(Please feel free to attach a separate sheet in case of insufficient space)*

Have you attended any SFRF programme in the past? (Yes/No) \_\_\_\_\_

If yes give details \_\_\_\_\_

Any other Information: \_\_\_\_\_

**Area of Interest:** \_\_\_\_\_

<b>Name of the Faculty Mentor from IIT Delhi</b> <i>In order of preference from the list displayed on the website:</i> <a href="http://cepqip.iitd.ac.in/mentors.php">http://cepqip.iitd.ac.in/mentors.php</a>	1)	
	2)	
	3)	
	4)	

**Accommodation required?** Yes/No \_\_\_\_\_

**Declaration:**

I \_\_\_\_\_ declare that all the information given by me in the application form is correct.

Place: \_\_\_\_\_

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

**Signature of Applicant**

**No Objection Certificate**

Ms./Mr. \_\_\_\_\_ working as \_\_\_\_\_ in the department/centre of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ is hereby permitted to attend the Summer Faculty Research Fellow Programme - 2020 (SFRF-2020).

This Institute/College has no objection for attending full time research work by above faculty at IIT Delhi under Summer Programme from \_\_\_\_\_ to \_\_\_\_\_.

**Signature & Seal of Head of the Institution/College**

*(Please forward this application form (duly filled and signed/authorized by competent authority) to,  
The Head QIP/CEP/TEQIP-III, QIP-CEP Office, 1st floor, Wing-B, Vishwakarma Bhawan, Indian Institute of Technology Delhi, Hauz Khas, New Delhi – 110 016 latest by March 31, 2020 (Tuesday)*