# Application for Project for Post Graduate in Central Power Research Institute

(Important: Please use only A4 size paper for application and other testimonials)

Affix recent passport size Photograph here

| 01   | Name in full (in Block letters)  |   |
|------|--|---|
| 02   | Field of Interest for the Project (to be filled as per the R&D areas specified in Annexure – I of the advertisement) | <ul><li>a. <preference 1=""></preference></li><li>b. <preference 2=""></preference></li><li>c. <preference 3=""> and so on</preference></li></ul> |
| 03   | Area of specialization   |   |
| 04   | Age and Date of Birth (Enclose a copy of certificate in support of age)  |   |
| 05   | Nationality  |   |
| 06   | Father's/Husband's name  |   |
| 07   | Address for correspondence (in Block letters)  |   |
| 08   | Permanent Address  |   |
| 9(a) | Telephone No. (Landline/Cell)  | Landline:   |
|      |  | Mobile :  |
|      |  | E-mail id :   |
| (b)  | Alternate number if any  |   |

| 10          |  | and semeste                     | r (at the time of                      |               |              |                 |                 |              |                  |
|-------------|--|---------------------------------|--|---------------|--------------|-----------------|-----------------|--------------|------------------|
| 11          |  |                                 |  |               |              |                 | 44              |              |                  |
|             | Educational/professional qualification (indicating clearly the examinations passed, University/Board, Year and Month of passing, |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 | passed, Uni<br>ercentage of            |               |              |                 |                 |              |                  |
|             |  |                                 | lification pro                         |               |              |                 |                 |              |                  |
|             |  |                                 | marks shou                             |               |              |                 |                 |              |                  |
|             |  |                                 | of all semeste                         |               |              |                 |                 |              | -                |
|             |  |                                 | ks should be                           |               |              |                 |                 |              |                  |
|             |  |                                 | ould be encl                           | osed, a       | along        | with cer        | tificates,      | failing v    | which the        |
| - D         |  |                                 | be rejected:                           | 0/            |              | N. 1            | O1              | 0.1:         | 7771 /1          |
| Exam<br>ion | ınat   | Year and month of               | Board/<br>University/                  |               | _            | Marks<br>r wise | Class<br>obtain | Subjec<br>ts | Whether<br>marks |
| passe       | d  | passing                         | Institution                            |               | ear w        |                 | ed              | taken        | sheets           |
| Passe       | a  | passing                         |  | , ,           |              |                 | cu              | tanen        | enclosed         |
|             |  |                                 |  |               | ester<br>ear | % of<br>marks   |                 |              |                  |
|             |  |                                 |  | , ,           |              |                 |                 |              |                  |
|             |  |                                 | (ATTACH SE                             | <i>PARA</i> 1 | ELY          | as Annex        | cure – I )      |              |                  |
| 12          | Deta   | ils of Res                      | earch Project                          | work          |              |                 |                 |              |                  |
|             | unde   | ertaken - Atta                  | ach separate she                       | et            |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
| 10          | _  |                                 |  |               |              |                 |                 |              |                  |
| 13          |  |                                 | ch papers publis                       | hed           |              |                 |                 |              |                  |
|             | Atta   | ch separate sl                  | neet                                   |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
| 14          | Details of Professional membership   |                                 |  |               |              |                 |                 |              |                  |
|             | Details of Frotessional memoersimp   |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
| 15          |  | -                               | l work carried                         | out if        |              |                 |                 |              |                  |
|             | any -  | <ul> <li>Attach sepa</li> </ul> | rate sheet                             |               |              |                 |                 |              |                  |
| 1.0         | D (  | :1C TD :                        | ······································ | 4 1 1         |              |                 |                 |              |                  |
| 16          | S  |                                 |  |               |              |                 |                 |              |                  |
|             | Atta   | ch separate sl                  | icet                                   |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
| 17          | Deta   | ils of Semin                    | ar/Training/shoi                       | t term        |              |                 |                 |              |                  |
|             |  | ses organized                   |  |               |              |                 |                 |              |                  |
|             |  | ch separate sl                  |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |
|             |  |                                 |  |               |              |                 |                 |              |                  |

| 18   | Details of awards/honours received     |  |
|------|--|--|
|      | Attach separate sheet                  |  |
|      |  |  |
|      |  |  |
|      |  |  |
| 19   | Please attach a brief note on proposed |  |
|      | R&D area in which you are interested   |  |
|      | to work at CPRI (should not exceed 2   |  |
|      | pages) - Attach separate sheet         |  |
| 20   | GATE SCORE (Attach copy of the         |  |
|      | Gate Score card), if any               |  |
| i)   | GATE All India Rank                    |  |
| ii)  | No. of candidates appeared during the  |  |
|      | year                                   |  |
| iii) | Marks obtained (out of 100)            |  |
| iv)  | GATE Score                             |  |
| v)   | All India Rank                         |  |
| vi)  | Qualifying marks                       |  |
| vii) | Percentile = All India Rank x 100      |  |
|      | No. of candidates appeared             |  |
|      |  |  |

#### Check list:

- 1) Certificate of bonafide student in the prescribed format with photograph attested by Principal / Head of the Institution
- 2) Details of percentage of marks obtained and GATE Score if any.
- 3) Self-attested copy of all the mark sheets of all semesters of undergraduate course.
- 4) Self-attested copy of the mark sheets of the latest completed semesters in Post graduate course.

**Signature of the Student** 

Name and Signature of Research Supervisor / guide from Institute

#### **Recommended by:**

Head of the Department With Address, Phone, Fax and Mobile No

## **Acceptance of risk factors**

| <u>I,</u>   | _ student                    | from               |
|---|------------------------------|--------------------|
| (name   | e of the Institute) working  | g for my project   |
| work in CPRI, leading to M.E / M.Tech of  |                              | _ (Name of the     |
| Institute / University), hereby state that I underst                                | tand the possible accidental | l physical risks   |
| which I may encounter while carrying out my p                                       | roject work at CPRI.         | I hereby declare   |
| that I will carry out my project work in CPF  | RI at my own risk and I wi   | ll not hold CPRI   |
| responsible for any type of physical injury caused                                  | d to me during my project v  | work at CPRI due   |
| to accident or due to any other natural calamities                                  | or indispodition.            |                    |
|   |                              |                    |
|   | Signati                      | ure of the Student |
| Date:   |                              |                    |
| Place:  |                              |                    |
|   |                              |                    |
| Name and Signature of Research<br>Supervisor / guide from Institute (Affix Official | Stamp)                       |                    |

Name and Signature of Head of the Division from CPRI Where student is carrying out ptoject work (Affix Official Stamp)

# **Declaration of Non Disclosure**

| I,  | student from   |
|---|--|
| (name of the Institute),                                  | working for my project work leading to M.E / M.Tech of             |
| (na   | me of the Institute / University) hereby undertake that I will not |
| divulge any technical info                                | rmation which I may directly or indirectly come across while       |
| carrying out my project wor                               | k at CPRI without the written permission of the Director General,  |
| CPRI. If found otherwise,                                 | CPRI is free to take appropriate action which it finds fit against |
| me.   |  |
|   |  |
|   | Signature of the Student   |
|   | Signature of the Student   |
| Date:   |  |
| Place:  |  |
|   |  |
| N 161 CD  |  |
| Name and Signature of Reso<br>Supervisor / guide from Ins | earch<br>etitute (Affix Official Stamp)                            |
|   |  |
| Name and Signature of Hea<br>(Affix Official Stamp)       | nd of the Division of the Institute                                |
| (Anna Oniciai Stamp)                                      |  |
| Director / Principal of the Ir                            | astitute(Affix Official Stamp)                                     |

### **GENERAL DECLARATION**

I undertake to abide by the rules and regulations of the Institute. I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature will be summarily rejected.

I am willing to work on the research theme proposed by the Institute, and complete the work within stipulated period.

|        | Signature of the student |
|--------|--------------------------|
| Place: |                          |
|        |                          |

Date:

LATEST
PASSPORT SIZE
PHOTOGRAPH
OF THE
STUDENT – to be
attested by HOD

### **BONAFIDE CERTIFICATE**

| This is to certify that  | (Name of the candidate), whose |
|--|--------------------------------|
| photograph is affixed, is a bonafide student of this Institute           | ·                              |
| (College/Institute), enrolled for <i><name course="" of=""></name></i> . |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
| (Name, Signature, email ID of t  | he -Principal/ Director / HOD) |
|  | (Affix Official Stamn)         |