FORM 42C

# [CENTRE FOR NANO AND SOFT MATTER SCIENCES](http://www.cnsms.res.in/)

Jalahalli, Bengaluru-560013

**Application Form for Research Outreach Initiative Studentship (ROIS)**

Affix a recent passport size photograph

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Address:

E-mail : Phone:

Son/Daughter of …………………………………………………………………………………………….

..................................................................................................

Mr. / Ms.

|  |  |
| --- | --- |
| 1) Research Topic of interest | Outline of research plan enclosed (Optional)  |
| 2) Duration of ROIS |  |

|  |  |
| --- | --- |
| 1) Name & Address of the Institution/ University  studying/studied |  |
| 2) Department/ School |  |
| 3) Degree Pursuing/Completed |  |
| 4) Subject Specialization (if any) |  |
| 5) Category | General/OBC/SC/ST |

**NAMES AND ADDRESSES OF THE REFEREES**: 1.

2.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Educational Qualification | | | | | |
| **Examination Passed** | **Board/University** | **Year** | **Subjects/ Discipline/ Specialization** | **Division/ Class** | **%Marks / CGPA /**  **Equivalent** |
| 10th |  |  |  |  |  |
| 10+2 |  |  |  |  |  |
| B.Sc.  1st year |  |  |  |  |  |
| 2nd year |  |  |  |  |  |
| 3rd year |  |  |  |  |  |
| M.Sc.  1st year |  |  |  |  |  |
| 2nd year |  |  |  |  |  |
| Enclose only photocopies of the above certificates. Originals should not be sent by post. | | | | | |

|  |  |
| --- | --- |
| **Place:**  **Date:** | **Signature of the Applicant** |

### DECLARATION

I hereby declare that all the information furnished above is true to the best of my knowledge and belief. If admitted, I shall abide by all the rules and regulations of the Centre.

Place ...........................................

Date .......................................... Signature of the Applicant

I as the parent/guardian of the above mentioned applicant shall take complete responsibility for the good conduct of my ward and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Centre. I understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding non-compliance.

Place ........................................... Signature of Parent/Guardian

Date.......................................... Name:

# Application No.:

## FOR OFFICE USE:

**CAREER SHEET**

NAME : ……………………………………………………………..