



**Indian Institute of Science  
Bengaluru 560 012, INDIA.**

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## Application for the position of Raman Post-Doc k Jh ]b`h Y'6 ]c`c[ ]WJ`GWYbWg'8 ]j ]g]cbž=GW

### Instructions:

- The application form is a fillable PDF file.
- The PDF files of the filled-out form, and all other documents mentioned in the form, must be packaged in the same order into a single PDF file and emailed to:
  1. The Chair, Raman Post-doc Fellowship Committee, Division of Biological Sciences, IISc at the email address [raman.bio@iisc.ac.in](mailto:raman.bio@iisc.ac.in)
  2. The Chair of the department in which you are interested, with a copy to the faculty member who is willing to host you.

### 1. Name in full:

First Name

Middle Name

Last Name

### 2. Gender:

MALE

FEMALE

OTHERS

### 3. Marital Status:

MARRIED

SINGLE

### 4. Date of Birth:

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### 5. Citizenship Status

Citizen of

If not citizen of India, country of your citizenship

Do you have the status of PIO/OCI

Yes

No



**PhD Advisor/s:**

**Title of Thesis:**

**Areas of specialization:**

**14. Post-doctoral experience if any and previous employment (successive positions with the same employer should be listed separately)**

<b>Employer</b>	<b>Position held</b>	<b>Date of Joining</b>	<b>Date of Leaving</b>

**15. Name of the faculty member who has consented to host you:**

**Name of Faculty Member**

**Department**

**16. Names and addresses of at least 3 referees who can comment on your doctoral and post-doctoral work**

	<b>Referee 1</b>	<b>Referee 2</b>
Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Affiliation	<input type="text"/>	<input type="text"/>
Address 1	<input type="text"/>	<input type="text"/>
Address 2	<input type="text"/>	<input type="text"/>
Address 3	<input type="text"/>	<input type="text"/>
Address 4	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>

Details	Referee 3	Referee 4
Name		
Position		
Affiliation		
Address 1		
Address 2		
Address 3		
Address 4		
Email		
Phone		
Fax		

**17. Please provide PDF files of the following and combine with this application as a single pdf file** Please name the file "yourname\_ddmmyy.pdf" where "Yourname" is your name and "ddmmyy" is the application date"

- (A) Curriculum Vitae with a list of all publications
- (B) PDF files of at least 2 and up to 5 important publications
- (C) Proposed research plan
- (D) Consent letter or email from faculty member. Please get in touch with the faculty member offline and obtain the consent of the faculty member for hosting you
- (E) Any other relevant information you may like to furnish

**18. I hereby declare that all entries in this form as well as the information provided in the attached documents are true to the best of my knowledge and belief.**

**Date:**



**Place:**

**(Signature of Applicant)**  
Type your name in box above