



**C R RAO Advanced Institute of Mathematics, Statistics and
Computer Science (AIMSCS)**

**University of Hyderabad Campus, Prof CR Rao Road,
Gachibowli, Hyderabad – 500046, Telangana.**

Website: www.crraoaimscs.org

Application Form

Eligible candidates are advised to apply in the following format, and send the applications to the address mentioned in the notification at the above address by registered post/speed post mentioning the name of the post applied on the top of the envelope

| | | |
|---------------------------------|--------------------------------------|---|
| <p>Post applied for:</p> | <p><u>Advt No: 5/2021</u></p> | <div style="border: 1px solid black; padding: 5px; width: 100%;"> <p>Affix passport size photo</p> </div> |
|---------------------------------|--------------------------------------|---|

| 1 | <p>Name and Address (in Block Letters)</p> <p>Contact No:</p> <p>Email:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---------------------|---|------------------------|----------------------------------|------------------------|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | <p>Date of birth and Age (in Christian era) :</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <p>Education Qualifications (Chronological order) :</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Name of Exam passed</th> <th style="padding: 5px;">Name of university/ Institute /Board</th> <th style="padding: 5px;">Duration of course</th> <th style="padding: 5px;">Year of passing</th> <th style="padding: 5px;">Class & % of marks (*)</th> <th style="padding: 5px;">Main subjects/ Specialization</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | Name of Exam passed | Name of university/ Institute /Board | Duration of course | Year of passing | Class & % of marks (*) | Main subjects/ Specialization | | | | | | | | | | | | | | | | | | | | | | | | | |
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|-----------------------------------|--|---------------------------|----|-------------------------------------|-------------------------|
| 4 | Details of Employment, in chronological order, enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. (experience Certificates to be Enclosed) | | | | |
| Organisation / Institution | Post held on regular/temporary basis | Year of Employment | | Pay band/scale and Grade pay | Nature of duties |
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5 | Research Plan (in 500 words) (Separate sheet to be enclosed if required) | | | | |
| 6 | List of Research papers in reputed conference and journals (Separate sheet to be enclosed if required) | | | | |
| 7 | List of sponsored/R&D/consultant projects undertaken (Separate sheet to be enclosed if necessary) | | | | |
| 8 | Patents Granted/Registered/Filed (List to be enclosed) | | | | |
| 9 | Awards/Fellowships/Reorganisations | | | | |
| 10 | Affiliation with the professional bodies/institutions/societies | | | | |
| 11 | Additional information , if any, which you like to mention in support of your suitability for the post (This among other things may provide information which regard to (i) additional academic qualifications (ii) personal training and (iii) work experience over and above prescribed in the vacancy circular/notification). (Note: enclose a separate sheet, if the space is insufficient). | | | | |
| 12 | Names and Address (postal, Email, Telephone Nos) of two Referees | | | 1. 2. | |

Declaration: This is to certify that the above information given by me is correct to the best of my knowledge and belief.

Place:

Date:

(Signature of the Applicant)