**RN SHETTY DOCTORAL FELLOWSHIP 2024**

**Application Form**

**Personal Information:**

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| --- | --- |
| Full Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Nationality: |  |
| Contact Address: |  |
| Email Address: |  |
| Phone Number: |  |
| VTU-ETR: |  |

**Educational Qualifications:**

|  |  |
| --- | --- |
| Undergraduate Degree: | University: |
| Institution: | Year of Completion: |
| CGPA: |  |
|  |  |
| Postgraduate Degree: | University: |
| Institution: | Year of Completion: |
| CGPA: |  |

**Work Experience (if applicable)**

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| --- | --- |
| College/Industry Name: | Designation: |
| Total years of Work Experience: |  |

**Payment Details(One Thousand Rupees Only)**

|  |  |
| --- | --- |
| Transaction Details: | Date of Payment |

**Proposed Area of Research :**- Briefly describe your research interests and motivations for pursuing a Ph.D. degree:

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\* Additional content may be included in a separate Appendix(Papers).

Department Preference (Please indicate your preferred department for Ph.D. research)

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Declaration:

I hereby declare that the information provided in this application form is true and accurate to the best of my knowledge. I understand that any misrepresentation or falsification of information may result in the rejection of my application.

Signature with Date: