

CENTRE FOR NANO AND SOFT MATTER SCIENCES

Jalahalli, Bengaluru-560013

Application Form for Research Outreach Initiative Studentship (ROIS)

	Mr. / Ms.	
	Son/Daughte	er of
	Address:	
A ffix a recent		
Affix a recent passport size	E-mail :	
photograph	Phone:	
1) Research Topic of ir	nterest	
1) 11000m1011 1 0p10 01 11		
		Outline of research plan enclosed (Optional)
2) Duration of ROIS		•
1) Name & Address of Institution/ University studying/studied	the	
2) Department/ School		
3) Degree Pursuing/Co	mpleted	
4) Subject Specialization	on (if any)	
5) Category		General/OBC/SC/ST
NAMES AND ADDRES	SES OF THE F	REFEREES:
1.		
2.		
- ·		

10th 10+2 B.Sc. 1st year 2rd year 2rd year 2rd year B.Sc. 1st year 2rd year 2rd year 2rd year Enclose only photocopies of the above certificates. Originals should not be sent by post. Place: Date: 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 Signature of the Applicant of the above mentioned applicant shall take complete responsibility for the good conduct of my and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Centre complete responsibility for the good conduct of my and shall ensure that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place Signature of Parent/Guardian Name:	Examination Passed	Board/University	Year	Subjects/ Discipline/ Specialization	Division/ Class	%Marks / CGPA / Equivalent
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:	10 th					1
1°t year 2°d year 3°d year M.Sc. 1° year 2°d year Enclose only photocopies of the above certificates. Originals should not be sent by post. Place: Date: Declaration I hereby declare that all the information furnished above is true to the best of my knowledge and belief. If admitted, I shal abide by all the rules and regulations of the Centre. Place Date Signature of the Applicant Signature of the Applicant Signature of the Applicant that 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 and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place Signature of Parent/Guardian Name: FOR OFFICE USE: Application No.	10+2					
3rd year						
1st year 2nd year	2 nd year					
1st year 2nd year	3 rd year					
Enclose only photocopies of the above certificates. Originals should not be sent by post. Place:	M.Sc. 1 st year					
Place: 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 Signature of the Applicant I as the parent/guardian of the above mentioned applicant shall take complete responsibility for the good conduct of my and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place Signature of Parent/Guardian Name: FOR OFFICE USE: Application No.:	2 nd year					
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 and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place Signature of Parent/Guardian Date Name: FOR OFFICE USE: Application No.:	Enclose only ph	otocopies of the abov	e certifica	tes. Originals should not be	sent by post.	
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	Place:					
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				C! and	oduno of the Am	liaan4
abide by all the rules and regulations of the Centre. Place Signature of the Applicant I as the parent/guardian of the above mentioned applicant shall take complete responsibility for the good conduct of my and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place Signature of Parent/Guardian Name: FOR OFFICE USE: Application No.:					ature of the Ap	ррисані
Date				ove is true to the best of my kno	owledge and belie	f. If admitted, I shall
I as the parent/guardian of the above mentioned applicant shall take complete responsibility for the good conduct of my and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place	·	-				
and shall ensure that she/he shall be under my constant advice to strictly follow all the rules and regulations of the Ce understand that she/he shall not be allowed to continue her/his studentship in the event of complaints regarding compliance. Place	-					
Pate	Place			_		
FOR OFFICE USE: Application No.:	Place Date I as the parent/guand shall ensure understand that	ardian of the above me	der my con	olicant shall take complete resp stant advice to strictly follow a	oonsibility for the g	good conduct of my w
Application No.:	Place Date I as the parent/guand shall ensure understand that compliance. Place	lardian of the above me that she/he shall be und she/he shall not be all	der my con	olicant shall take complete resp stant advice to strictly follow a continue her/his studentship in Signature	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
Application No.:	Place Date I as the parent/guand shall ensure understand that compliance. Place	lardian of the above me that she/he shall be und she/he shall not be all	der my con	olicant shall take complete resp stant advice to strictly follow a continue her/his studentship in Signature	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
	Place Date I as the parent/guand shall ensure understand that compliance. Place	lardian of the above me that she/he shall be und she/he shall not be all	der my con lowed to c	plicant shall take complete responder advice to strictly follow a continue her/his studentship in Signature Name:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
CAREER SHEET	Place	rardian of the above me that she/he shall be und she/he shall not be all	der my con lowed to c	plicant shall take complete responder advice to strictly follow a continue her/his studentship in Signature Name:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
	Place	rardian of the above me that she/he shall be und she/he shall not be all	der my con lowed to c	plicant shall take complete respondent advice to strictly follow a continue her/his studentship in Signature Name:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
NAME :	Place	pardian of the above me that she/he shall not be all	der my con lowed to c	plicant shall take complete responsive tant advice to strictly follow a continue her/his studentship in Signature Name: FOR OFFICE USE:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
	Place	pardian of the above me that she/he shall not be all	der my con lowed to c	plicant shall take complete responsive tant advice to strictly follow a continue her/his studentship in Signature Name: FOR OFFICE USE:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n
	Place	pardian of the above me that she/he shall not be all	der my con lowed to c	plicant shall take complete responsive tant advice to strictly follow a continue her/his studentship in Signature Name: FOR OFFICE USE:	consibility for the only the rules and real the event of co	good conduct of my w gulations of the Centr omplaints regarding n