## Application Form for Project work in Raja Ramanna Centre for Advanced Technology, Indore (To be filled by the student)

	Full Name:(Block letters) Aadhaar No:	Recent passport size photograph of the student to be	
3	Place of birth:	attested by the	
4.	Parent's Name:	Head of Inst / HoD / Placement Officer	
6.	Parent's Aadhaar No :		
7.	Name of the Present Institution:		
8.	Degree Pursuing & Discipline:		
9.	Year & semester (At the time of application)	<u> </u>	
10.	Duration of project with dates:Months, from	to	
11.	Field of interest for project:		
12.	Residence Address:		
13.	Telephone or Mobile No:	2	
14.	Email ID:	0	
15.	Hostel Accommodation during Project Work (Strike out whiche  (i) Hostel Required (ii) Hostel Not Required		

Signature of Head of Institute / Head of Department / Placement Officer with Stamp/ Seal

(Signature of the Student)

Degree	Marks Percentage or CGPA	Year	University / College
M.Tech. / M.E.			
B.Tech./ B.E.			
M.Sc.			
B.Sc.			
12 <sup>th</sup>			
10 <sup>th</sup>			

GATE Sco	ore (if applicable)	
Discipline / Subject	Year	Score
2 //		

I certify that the information given in the application form is correct to the best of my knowledge and in-case it is found incorrect at any stage, my project will be terminated and I am liable for further disciplinary action by RRCAT authorities.

(Signature of Student)

Signature of Head of Institute / Head of Department / Placement Officer with Stamp/ Seal

## Certification of Bonafide Student for Project work in RRCAT, Indore

This is to	certify that	Mr/ Ms	(Name of stu	udent)	
Aadhaar l	No. of stude	ent			_ Son/daughter of,
is a Bona	fide studen	t of this institu	te.		
At presen	t he/she is	studying in	semester of		
		0:	(Name of the	degree course with	discipline)
This stude	ent is recon	nmended for p	oroject work in RRCA	AT Indore	
from	to	)		1/3	
size pho the stu attest Head of	t passport otograph of dent to be ed by the Inst / HoD nent Officer				
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Si	ignature of	Head of Instit	ute / Head of Departi with Stamp/ Seal	ment / Placement C	lfficer
	30		With Stamp, Sear		
	Name				
	Email	THE		ETT	
	Phone	- 5	ERVICE	, ,	

## Note:

- Contact information of the signing authority (Head of Inst. / HoD / Placement Officer is required for verification
- 2. Incomplete applications will not be considered