

Institute for Development & Research in Banking Technology (Established by Reserve Bank of India) Castle Hills, Road No.1, Masab Tank, Hyderabad – 500 057

Ph.91-40-23534981 - 85; Fax: 91-40-23535157; Website: www.idrbt.ac.in

Application for Institute's Post Doctoral Fellowship (IPDF)

(Please type or write using BLOCK LETTERS)														Please affix a recent passport size photograph												
1. I	Name in full																									
Married Single					Male				Female						(Please tick "✓")											
2.	2. Address:																									
	Present																									
	Permanent																									
	Mobile																									
	Email																									
	Telephone Office:																									
		Res	•																							
3. I	Date of Birth	:											4.	Age	(in v	/ears	;)		<u>I</u>	<u> </u>	<u> </u>					
•					ay Month Year					4. Age (in years)5. Nationality:																
6. Present employment:																										
	Designa	tion																								
	Organiza	tion																								
	Date of Joining																									
Total Emoluments (per month) Rs.																										

). <i>i</i>	Academic Record star	ting with Matriculation	on:						
SI.No.	Degree	C	College/Universi	ty/Institute	Year of Joining	Year of Leaving	Percentage		
0. Em SI.No.	ployment Particulars t Name of the Employer	ill date: No. of years served	Period		Des	ignation	Scale of Pay	Remuneration	
	Employer	served	From	То					
1.	Please provide the det	ails of your relevant	experience:						

JOURNAL PUBLICATIONS	
SI.No.	Paper Details
) CONFERENCE PUBLICATIONS	
SI.No.	Paper Details
i) AWARDS & RECOGNITION:	
SI.No.	Particulars
	. 4: 004.410
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Name				
Occupation or Position				
Address				
Phone No.				
Email ID				
14. PLEASE ENCLOSE RESE	ARCH PROPOSAL CLEAF	RLY DETAILING DELI	IVERABLES	
15. PLEASE ENCLOSE A CO	PY OF YOUR CV			
16. ANY OTHER RELEVANT	INFORMATION YOU MAY	LIKE TO FURNISH:		
		DECLARATIO	<u>N</u>	
knowledge and belief. I false / incorrect or that I	understand that if at ar do not satisfy the eligib	ny stage, it is foun pility criteria accord	nd that any information ling to the Institute, my	d correct to the best of my n given in this application is y candidature is liable to be ment and hereby undertake
PLACE:				
DATE:				
		Signature of th	ne Applicant_:	
		Name of the Ap	oplicant :	
The duly filled-in Applica scribing on the envelope	•	•	ddress so as to reach	the Institute clearly super-
The Director Institute for Developn Castle Hills, Road No.1, Mas Tel.No.91-40-23534981 – 85;	sab Tank, Hyderabad – 500 Fax: 91-40-25535157	0 057, INDIA. (or)	,	
Email to: ipdf@idrbt.ac.in (clearly indicate the Schem	e in the subject field))	

13. Names and addresses of three Referees (at least one of them should be familiar with your recent work)