

FILL IN CAPITAL LETTERS ONLY

DEPARTMENT:

1	ACCOUNT NO (M)	
2	IFSC (11 digit) (M)	
3	DATE OF BIRTH (DD-MON-YYYY) (M)	
4	GENDER (MALE/FEMALE/TRANSGEN) (M)	
5	STREAM (M) (Allowed streams are attached)	
6	FULL PRESENT ADDRESS (M)	
7	STATE (M) Allowed values are attached	
8	Physically challenged (YES/NO) (M)	
9	PLACE OF RESEARCH (O)	
10	NAME OF COURSE (M.Phil./Ph.D./in tegrated Ph.D.)	
11	CATEGORY (SC/ST/OBC/G EN) (M) For MANF it can be NA also	
12	MOBILE (M)	
13	EMAIL (M)	
14	DISTRICT (O)	
15	FATHER NAME (O)	
16	MOTHER NAME (O)	
17	CITY (O)	
18	PINCODE (M)	
19	DATE OF JOINING THE FELLOWSHIP/ DATE OF COMMENCEMENT	
20	YEAR OF SELECTION (M)	
21	AADHAAR No (M)	
22	SRF/JRF (M) (SRF/JRF/ NA)	
23	SRF upgradation date (M if SRF)	
24	End date of scholarshi p	

NOTE:

1. No special Character will be allowed
2. Date format will be DD-MON-YYYY Ex. 14-MAR-2016
3. In Case STREAM is not Available fill **NA**
4. Fields marked Grey / Yellow are mandatory to be filled.
5. M means Mandetory and O means Optional