



INSTITUTE OF NANO SCIENCE AND TECHNOLOGY

(An Autonomous Institute supported by Department of Science and Technology,
Government of India)

Habitat Centre, Sector-64, Phase-10, Mohali-160062, Punjab

Research Internship Application Form

Applied Date:		
1) Name of the Applicant		
2) Name & Address of the Institution/ University		
3) Degree Pursuing		
4) Department/ School		
5) Programme Duration		
6) Subject Specialization (if any)		
7) List of Courses Undertaken		
8) Details of Project Undertaken during Summer Internship (if any)		
9) Field of Interest		
10) Faculty Preference (with whom the candidate wish to pursue internship at INST)		
11) Duration		
12) Source of finance	Self/University/Institute (Tick any one) Others (if any, please mention details)	
13) Category (General/OBC/SC/ST)		
14) Gender		
15) Mother's Name		
16) Father's Name		
17) Nationality		
18) Religion		
19) Marital Status		
20) If Person with Disability: Yes/No		

21) Type of disability					
22) Address Details		Address for Correspondence		Permanent Address	
23) Contact Details		•Mobile No.: Email address:		Contact details of parents:	
24) Educational Qualification (Starting from 10th onwards and up to last degree obtained)					
Examination Passed	Board/University	Year	Subjects/ Discipline/ Specialization	Division/ Class	%Marks / CGPA / Equivalent
10 th					
10+2					
Graduation					
Post-graduation					
25) Publication in referred Journals (if any):					
1.					
2.					
26) List of Attachments:					
1. Recent Photograph, 2. Transcript, 3. Resume, 4. Bonafide Certificate, 5. Copy of Identity Card					
27) Health Declaration :					
Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies?					
Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?					
<i>N.B.: Any medical expenses during the internship period will be borne by the candidate himself / herself. INST Mohali will not be responsible towards any medical expenses.</i>					

Place: _____

Signature of the Applicant

Date: _____

(Scan the signed copy of **complete application** form and send it by e-mail to the undersigned)

Bhanu Prakash
Scientist and Coordinator
Research Internship
INST Mohali
(Email: bhanup@inst.ac.in)