## Department of Mathematics, Statistics & Physics Punjab Agricultural University, Ludhiana

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|---|-------------------|
| Sr. No.:                                    | Paste your latest |
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| Checked the certificates:                   |                   |
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| 1. Name:                                    |                   |
| 2. Father's Name:                           |                   |
| 3. Date of Birth:                           |                   |
| 4. Gender:                                  |                   |
| 5. Contact information:                     |                   |
| (i)Telephone with STD Code :(ii) Mobile No: |                   |
| (iii) Address for Communication             |                   |
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| (iv) Email ID:                              |                   |

| Class  | Specializat<br>ion               | Board/<br>Universit         | Name of Institution                       |    | Marks/<br>CGPA | Year of<br>Passing |
|--|----------------------------------|-----------------------------|---|----|----------------|--------------------|
| X  |                                  |                             |   |    |                |                    |
| XII  |                                  |                             |   |    |                |                    |
| Graduation   |                                  |                             |   |    |                |                    |
| Post-<br>Graduation  |                                  |                             |   |    |                |                    |
| Ph.D   |                                  |                             |   |    |                |                    |
| CSIR-UGC<br>NET<br>Qualified   |                                  |                             |   |    |                |                    |
| GATE   |                                  |                             |   |    |                |                    |
| Certificate  |                                  |                             |   |    |                |                    |
| ttach Self-attested Experience (Deta  Organization                           | il): Attach Sepa                 |                             | ard from Class X onward quired.  Duration | s. | Responsib      | ilities            |
| Experience (Deta   | il): Attach Sepa                 | rate sheet if rec           | quired.                                   | s. | Responsib      | ilities            |
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| Experience (Deta   | il): Attach Sepa                 | signation                   | Duration                                  | S. | Responsib      | ilities            |
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| Organization  Fotal Experience  Publications: (Att                           | De De (in years)                 | signation  eet if required) | Duration                                  |    |                |                    |
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| Organization  Fotal Experience  Publications: (Attained (No's)               | (in years)                       | eet if required)            | Duration                                  |    |                |                    |
| Organization  Organization  Fotal Experience  Publications: (Attained (No's) | il): Attach Sepa  De  (in years) | eet if required)Internatio  | Duration  nal (No's)                      |    |                |                    |

Date:

Place:

Signature of the Candidate