

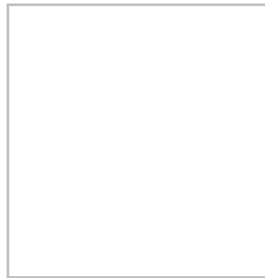


भारतीय प्रौद्योगिकी संस्थान हैदराबाद
Indian Institute of Technology Hyderabad

APPLICATION FORM
FELLOWSHIP FOR INTERNATIONAL RESEARCH SCHOLARS IN TECHNOLOGY (FIRST@IITH)
ADMISSION

The soft copy of the complete application form with the electronic copies of all the testimonials should be
mailed to **first.iar@iith.ac.in** on or before **OCTOBER 10, 2021 / 17:00 IST**

INSERT YOUR RECENT PASSPORT SIZE PHOTOGRAPH BELOW



A. PERSONAL INFORMATION

LAST/FAMILY
NAME:

GIVEN/FIRST
NAME:

DATE OF BIRTH
(DD/MM/YYYY):

SEX

☐ M

☐ F

☐ Others

NATIONALITY OR
CITIZENSHIP

PASSPORT NO.

PERMANENT
ADDRESS:

COUNTRY:

ZIP CODE:

PRESENT
ADDRESS

COUNTRY

ZIP CODE

EMAIL :

MOBILE NUMBER:

B. EDUCATIONAL DETAILS

NAME OF THE MASTER'S DEGREE

MEDIUM OF STUDY

☐ ENGLISH

☐ OTHERS

AREA/ SPECIALIZATION

MASTER'S THESIS TITLE

NAME OF UNIVERSITY/ INSTITUTE:

QS RANKING (WRITE '0' IF NOT AVAILABLE)

ADDRESS:

COUNTRY

ZIP CODE:

C.G.P.A./ PERCENTAGE (MAXIMUM OF THE SCALE):

RANK (IF AVAILABLE)

YEAR OF GRADUATION

NAME OF THE BACHELOR'S DEGREE

MEDIUM OF STUDY

☐ ENGLISH

☐ OTHERS

AREA / SPECIALIZATION

BACHELOR'S THESIS TITLE
(WRITE NOT APPLICABLE IF NOT ANY)

NAME OF UNIVERSITY/
INSTITUTE:

QS RANKING
(WRITE '0' IF NOT AVAILABLE)

ADDRESS:

COUNTRY:

ZIP CODE:

C.G.P.A./ PERCENTAGE
(MAXIMUM OF THE SCALE)

RANK (IF AVAILABLE)

YEAR OF GRADUATION

ANY OTHER
DEGREE/
DIPLOMA

MEDIUM OF
STUDY

☐ ENGLISH
☐ OTHERS

NAME OF
UNIVERSITY/
INSTITUTE:

QS RANKING
(WRITE '0' IF NOT
AVAILABLE)

ADDRESS:

COUNTRY:

ZIP CODE:

C.G.P.A/
PERCENTAGE
(MAXIMUM OF
THE SCALE):

RANK (IF AVAILABLE)

YEAR OF
GRADUATION

C. PROFESSIONAL EXPERIENCE (TWO MOST RECENT EXPERIENCES ONLY IN REVERSE CHRONOLOGICAL ORDER)

COMPANY/
ORGANIZATION

ADDRESS

COUNTRY

ZIP

FROM
(DD/MM/YYYY)

TO
(DD/MM/
YYYY)

COMPANY/
ORGANIZATION

ADDRESS

COUNTRY

ZIP

FROM (DD/MM/YYYY)

TO
(DD/MM/YYYY)

D. ACADEMIC/RESEARCH ACHIEVEMENTS

GRE/ILTS/TOEFL
YEAR AND SCORE
(WRITE NA IF NOT
AVAILABLE)

LIST OF MAXIMUM
THREE BEST
SCOPUS INDEXED
PUBLICATIONS
(WRITE NOT
AVAIABLE IF YOU
DO NOT HAVE)

LIST OF MAXIMUM
TWO MOST
IMPORTANT
PATENTS (WRITE
NOT AVAIABLE IF
YOU DO NOT
HAVE)

AWARDS/
RECOGNITIONS
(WRITE NOT
AVAIABLE IF YOU
DO NOT HAVE)

E. PROPOSAL AND SOP

PROPOSED
AREA OF
RESEARCH
(SCROLL & SELECT)

OUTLINE OF THE
PROPOSED
RESEARCH
(WITHIN 2500
CHARACTERS)

STATEMENT OF
PURPOSE FOR
APPLYING FOR
FIRST
FELLOWSHIP
(WITHIN 2500
CHARACTERS)

F. REFERENCES

ADD THREE REFEREES. THE CANDIDATE SHOULD ARRANGE TO SEND AT LEAST ONE REFERENCE LETTER FROM ONE OF THE REFEREES LISTED BELOW TO first.iar@iith.ac.in BY **September 30, 2021 / 17:00 IST**)

NAME OF THE REFEREE 1	<input type="text"/>
AFFILIATION	<input type="text"/>
COUNTRY	<input type="text"/>
E-MAIL	<input type="text"/>
NAME OF THE REFEREE 2	<input type="text"/>
AFFILIATION	<input type="text"/>
COUNTRY	<input type="text"/>
E-MAIL	<input type="text"/>
NAME OF THE REFEREE 3	<input type="text"/>
AFFILIATION	<input type="text"/>
COUNTRY	<input type="text"/>
E-MAIL	<input type="text"/>

G. DECLARATION

I, HEREBY, DECLARE THAT THE INFORMATION SUPPLIED HERE IS TRUE TO THE BEST OF MY KNOWLEDGE

WRITE YOUR NAME (EXACTLY THE WAY IT APPEARS IN THE PASSPORT) AS SIGNATURE	<input type="text"/>
PLACE	<input type="text"/>
DATE (DD/MM/YYYY)	<input type="text"/>