**Brief Bio-Data of CYSC2024 Participant**

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| **1.** | **Name of the Participant:** |  | | | **Passport Size Photo** |
| **2.** | **Correspondence Address:** |  | | |
| **3.** | **Date of Birth:** |  | **4. Gender: M/F** |  |
| **5.** | **Contact No:** |  | | |
| **6.** | **Email-ID:** |  | | |
| **7.** | **Highest Qualification:** |  | | | |
| **8.** | **Your Affiliating Organization**  **(University/Institute/College/ any other organization)** |  | | | |
| **9.** | **Name of the university to whom your Institute/organization is Affiliated:** |  | | | |
| **10.** | **Subject/Discipline of your research:** |  | | | |
| **11.** | **Research Experience (in months):** |  | | | |

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| **12**. | **Details of Academic Qualifications (Starting from UG onwards)** | | | | |
| **Name of the Qualification** | | **Year of**  **Completion** | **Specialization** | **University/Institute** | **%Marks**  **/CGPA** |
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| **13.** | **Details of relevant research experience** | | |
| **Organization** | | **Designation** | **Duration in Months** |
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| **14.** | **No. of Publications in National/International Journals** | **National: International:** |
| **No. of Publications in National/International Conferences** | **National: International:** |
| **15.** | **Whether GATE/CSIR-UGC NET qualified:** |  |
| **16.** | **Any Other Relevant Information:** |  |

**Date Signature of Participant**