**ABDUS SALAM SCHOOL OF MATHEMATICAL SCIENCES**

**Application Form**

**APPLICATION for**: **Post Doctoral Fellowship**

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| **1. Personal Information:** | | | | | | |
| 1.EFH No.  (allotted by ASSMS for reference): | | 2.Family Name: | | | | 3.Given Name (s): |
| 4.Gender:  Male  Female | | 5.Nationality: | | | | 6.Date of Birth (dd/mm/year): |
| 7.Marital Status: | | | | 8.Place of Birth: |
| 9.Current Mailing Address: | | | | 10.Present Position: | | |
| 11.Personal Contact Information:  a) Phone (Country Code-Area Code-Number):  b) E-Mail:  c) Website: | | | | 12.Name of Employer and Contact Information at Work: | | |
| **II. Academic Background:** | | | | | | |
| 1.Qualification: | | | | | | |
| Degree Held: | Year Awarded: | | Field of Study: | | Institution: | |
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| 2. Expertise & Research Interests  3. Suggested title of courses to teach: | | | | | | |
| **III. Application Details:** | | | | | | |

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| Expected duration of Stay: | Expected Start Date: |
| **IV. Publications Information:** | |
| Please provide a list of your publications. | |

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| **V. References:** | | | |
| **1 Please provide a list of three academic/Professional references:** | | | |
| Reference-1 | Reference-2 | | Reference-3 |
| 1. Name:  2. Position:  3. Address:  4. Phone:  5. E. Mail: | 1 Name:  2. Position:  3. Address:  4. Phone:  5. E. Mail: | | 1 Name:  2. Position:  3. Address:  4. Phone:  5. E. Mail: |
| By signing below and submitting this application form, I agree that the information I have provided above is accurate to the best of my knowledge and that I authorize you to contact the references provided above for further information. | | | |
| Signature / Initials: | | Date: | |

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| **Documents Required:**  Two recommendation letters from the experts of the respective area of research.  Updated C.V.  Proposed Research Plan  NOC from the parent institute / department. |

**For office use only**

Recommendations/ Comments: