

Form for Research Associateship
[form should be accompanied by CV of the applicant]

Name of the Applicant	
Department	
Designation / Roll No.	
Date of thesis submission <i>Please attach copy of the certificate from Acad. office.</i> Work proposed for the duration of RAship.	
Holding any post in IIT	Yes / No [if yes then please specify the period of appointment]
Proposed starting date and duration for RAship.	
	Recommendations
Thesis Advisor Name : _____ Signature : _____	
Head of the Department Name : _____ Signature : _____	

Date : _____

Signature of the Applicant

Dean [FA] Signature : _____	Approved / Not approved
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