

Indian Institute of Science Bengaluru 560 012, INDIA.

Telephone: 91-80-22932478; 91-80-22932286, Fax: +91 80 22932231,

23600757 E-mail: office.divdeans@iisc.ac.in

Teaching Fellowship Application

Instructions:

- The application form is a fillable PDF file.
- The PDF files of the filled-out form, and all other documents mentioned in the form, must be packaged in the same order into a single PDF file and emailed to:

The Office of Deans of Divisions, Indian Institute of Science at the email address: office.divdeans@iisc.ac.in

The subject of the email should read: Teaching Fellowship Application – Your Name

First Name																
Middle Name																
Last Name																
 Gender: ☐ Male ☐ FEM Marital Status: ☐ MAF 				Ē												
4. Date of Birth	D	D	M		M	Υ	/	,	Υ	Υ	7	/				
5. Citizenship Status																
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Citizen of If not a citizen of India, do you have OCI status?																
Citizen of If not a citizen of India, do																

Permanent																							
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15. Names and addresses of at least 3 referees who can comment on your doctoral, post-doctoral work and substantiate your interest and qualifications to contribute to the Teachers Training programmes in Challakere as an IoE Teaching Fellow.

	Referee 1	Referee 2
Name		
Position		
Affiliation		
Address 1		
Address 2		
Address 3		
Address 4		
Email		
Phone		
Fax		
Details	Referee 3	Referee 4
Name		
Name Position		
Position		
Position Affiliation		
Position Affiliation Address 1		
Position Affiliation Address 1 Address 2		
Position Affiliation Address 1 Address 2 Address 3		
Position Affiliation Address 1 Address 2 Address 3 Address 4		

16. Please provide PDF files of the following

- (A) Curriculum Vitae with a list of all publications if any.
- (B) An essay explaining the broad reasons for your interest in the Teachers Training Programme at Challakere.
- (C) PDF file of PhD degree certificate, or provisional PhD degree awarded certificate, or PhD thesis submitted certificate
- (D) Any other relevant information you may like to furnish.

17. I hereby declare that all entries in this form as well as the information provided in the attached documents are true to the best of my knowledge and belief.

Date:	
Place:	Name and Signature of the Applicant