

SCHEME: Earn While You Learn

CANDIDATE REGISTRATION FORM

NAME : \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Department/Centre/School: \_\_\_\_\_

Present Academic Program:  M.A.  M. Sc.  M. Phil.  Ph. D.  Other

Name of Academic Program: \_\_\_\_\_

Enrolment Year: \_\_\_\_\_ Program Ends in (Year): \_\_\_\_\_ Current year: \_\_\_\_\_

Category:  General  SC  ST  OBC  PWDGender:  Male  Female

Residential Address: \_\_\_\_\_

Aadhar Number: \_\_\_\_\_ Any Other ID.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ IFSC: \_\_\_\_\_

## Declaration:

I declare that I am not receiving any other scholarships /fellowships /stipend /remunerations at present and I agree to immediately withdraw from this scheme in case any such financial support is obtained by me. I confirm that I have obtained necessary permission from my supervisor/program coordinator to lend my services under this scheme within office hours. I agree to accept the duties assigned to me under this scheme and will work with full integrity, sincerity and care. I shall maintain attendance as required by the host and will report to the Head of the Host Department where my duties will be assigned. I declare that the above information is true to my knowledge and I shall be subjected to disciplinary actions and will refund the entire amount received by me in case any of the information given by me in this form is found false.

\_\_\_\_\_  
Full Signature of Candidate\_\_\_\_\_  
Forwarded by  
Supervisor/ Program Coordinator/ HOD (with Seal)