

1.	Full Name	:					<i>Affix your photograph</i>		
2.	Gender	:							
3.	Date of Birth (DD/MM/YYYY)	:							
4.	E- Mail ID	:							
5.	Contact No.	:							
Educational Qualification									
6.	UG	:		Major	:		CGPA	:	
7.	Department	:				Institution	:		
8.	PG	:		Major	:		CGPA	:	
9.	Department	:				Institution	:		
10.	PG Degree Completed	:	Yes/No	If Yes, Month and Year of Completion		:			
				If No, Current Semester		:			
Internship Details									
11.	Interested Research Areas	:							
12.	Preferred Research Mentor at PSGIAS	:				Department	:		
13.	Internship Duration (in Months)	:		Joining Date DD/MM/YYYY	:		Ending Date DD/MM/YYYY	:	
Reference from Parent Institution									
14.	Name	:							
15.	Designation	:							
16.	Department and Institution	:							
17.	E-Mail ID	:							
18.	Contact No.	:							
19.	Signature of the Faculty <i>with Date and Seal</i>	:							
20.	Other Details, if any	:							

- I have duly enclosed my resume and bonafide certificate from my parent institution, copies of my undergraduate/postgraduate degree mark sheets, in support of this application.
- I hereby affirm that the details I have provided above are complete and correct to the best of my knowledge.

Date:

Signature of the Applicant



PSG Institute of Advanced Studies
Peelamedu, Coimbatore – 641 004, Tamil Nadu, India
Application Form for Research Internship



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For PSGIAS Office Use Only

Application No.	:	PSGIAS/RI/20____-20____/
Name of the Research Mentor at PSGIAS	:	
Designation and Department	:	
Signature with Date and Seal (Head of the Department)		Signature with Date and Seal (Research Mentor)
Bank Details		
Bank Name	:	
DD Number With Date	:	
Fee Amount Paid	:	Rs. _____ (Including 18% GST)
<input type="checkbox"/> All documents are checked and found correct		
Date:		Internship Co-ordinator

Director
PSG Institute of Advanced Studies