

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 [Please attach copy of certificate from Academic Office]	
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