

Indian Institute of Technology Hyderabad

Kandi, Sangareddy 502 285

Telangana, INDIA



**Post Doc Request Form (After completing PhD within 4.5 years)**

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| **Name of the Scholar** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Roll Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Department** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Thesis Submission Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of PhD Registration** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PDF Fellowship Amount** | Rs. 35,000/- |
| **Duration of PhD Program**  **(Joining date to Thesis Submission)** |  |

**Signature of the Scholar**

Signature of the Guide (with date)

Guide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HoD Signature (with date)

HoD Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(office of Academic Use only)

PDF Starting Month: -\_\_\_\_\_\_\_\_\_\_\_\_ PDF Ending Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PDF Fellowship will be given only 6 months, after completing PhD within 4.5 years)

**Dy. Registrar (Academics)**

**DEAN(Academics)**