**APPLICATION FORM**

KOSHY INSTITUTE OF MATHEMATICS AT THE CMS COLLEGE

DEPARTMENT OF MATHEMATICS

SUMMER SCHOOL

18 April to 02 May 2018

Name of the Participant :

Designation :

Date of birth :

Nationality :

Name & Address of the Institute :

(Only for working participant)

Address for communication :

Permanent address :

Contact Number :

E-Mail address :

**Academic details**

(From SSLC onwards )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Exam passed | Subject of Specialization | Name of the Institution | Mark obtained for Mathematics  (%) | Total mark obtained (%) |
|  |  |  |  |  |

**Research experience if any:**

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| --- |
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**Short statement about candidate’s academic background, preparedness, motivation, creativity and future plans** (not more than 100 words) **:**

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| --- |
|  |

**Two referees familiar with your academic work**

|  |  |  |
| --- | --- | --- |
| Name | Designation & Address | e-mail & contact number |
| 1. |  |  |
| 2. |  |  |

I hereby certify that all the information given in this form and the attached documents is correct.

Date :

Place :

Request the referees to send the testimonial to the address mentioned in the brochure.