**FORMAT OF CV**

**For French Masters Students**

1. **Name:**
2. **Address for correspondence**

**E-Mail**

**Contact number:**

1. **Date of Birth :**
2. **Educational Qualifications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL.**  **No** | **EXAMS**  **PASSED**  **/Previous diploma** | **UNIVERSITY**  **/**  **INSTITUTION**  **/ BOARD** | **YEAR OF**  **PASSING** | **MAIN**  **SUBJECTS**  **TAKEN** | **SUBJECT OF**  **SPECIALISATION** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

1. **Details of Master Curricula:**

|  |  |
| --- | --- |
| Master’s registered Institute/ University: |  |
| Name of institute/lab of Master work  (if any): |  |
| Name of your Faculty supervisor: |  |
| Master starting month and year |  |
| Master ending (month/year) estimated |  |

1. **Professional Training (if any):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL. No** | **Organization** | **Period** | | **Details of Training/ Project undertaken** |
| **From** | **To** |
| 1 |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

1. **Give below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the fellowship. They must be persons under whom you have worked or studied.**
2. Name with full address, Email and phone number
3. Name with full address, Email and phone number
4. **Any other information, if any, which you would like to mention in support of your suitability for the Raman-Charpak Fellowship.**

[Membership of learned societies, awards and recognition, etc. (in brief)]:

1. **If previously travel to India /any other country for research work/fellowship/any other work related to professional experience/ whether previously or presently involved/supported under any Programme/Project of CEFIPRA (mention details):**
2. **List of Publications, if any, including Title, Authors, with impact factor :**
3. **List of Conference (Oral/Poster) Presentations, if any:**

**DECLARATION:-**

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

**Place:**

**Date:**

**Signature of the candidate**