



Chanakya National Law University, Patna

(University established by Act No. XXIV of 2006)

Nyaya Nagar, Mithapur, Patna- 800001 (Bihar)

APPLICATION FORM FOR POST-DOCTORAL FELLOWSHIP PROGRAMME

Last date for the receipt of Post-Doctoral Fellowship application with enclosures: 20th December, 2025

Advertisement No. 37/2025-26(Appt.)

Date: 09.12.2025

(1) Full Name of the Applicant:

(2) Date of Birth: ____/____/____ (DD-MM-YYYY)

(3) Nationality : _____

(4) Gender: _____

(5) Father's Name & Nationality

(6) Mother's Name & Nationality:

(7) Category :

[(i) Unreserved (UR), (ii) Unreserved (Female), (iii) Economically Weaker Section (EWS), (iv) EWS (Female), (v) Backward Classes (BC), (vi) Backward Classes (Female), (vii) Extremely Backward Classes (EBC), (viii) Extremely Backward Classes (Female), (ix) Scheduled Caste (SC), (x) Scheduled Caste (Female), (xi) Scheduled Tribes (ST)]

If, Physically Disabled :

(a) Indicate category (OH/VH/HH) :

(b) % of disability : _____ (Copy to be enclosed)

Affix Recent
Passport Size
Photograph

(8) Details of the examination passed 10+2 onwards (Enclose the copies of marksheets and degrees and indicating percentage / conversion certificate in case of Grades)

Examination	Passed / Appeared Year	Board / Authority Place and Country	Marks		
			Max.	Obtained	Percentage
10 th Board certificate					
10+2 Exam/Equivalent					
B.A./B.Sc./B.Com					
LL.B. (3 years course)					
B.A.LL.B./BBA.LL.B. (5 years Course)					
LL.M. (one year/Two year)					
M.A., M. Sc., M.Com, MBA etc.					
UGC NET/JRF					

(9) Ph.D. Details:

(i) Date of registration with Year _____

(ii) Degree Year of award _____

(iii) Institution / University details _____

(10) Details of Professional/Research experience for the purpose of admission of Post-Doctoral Fellowship.

(11) Papers Published in Care Listed/SCOPUS Journals (Attach soft copies of papers):

(i)

(ii)

(12) Present Address for Correspondence (Please include address, Mobile Number, Email Id.)

----- Pin code: -----

Mobile: -----

E-Mail: -----

DECLARATION

I hereby solemnly declare that the information furnished in the Application Form is true and no material information has been concealed. If any information is found to be false, incorrect or misleading, the University shall have the right to terminate the contract.

Date: _____

Place: _____

Signature of the Applicant

For Office Use only (Do not write anything in this space)

--	--