



Government of India  
Ministry of Earth Science (MoES)  
Centre for Marine Living Resources & Ecology (CMLRE)  
Kochi, Kerala, India

**Call for Dissertation/Internship work**

**1. Personal Details**

Full Name (in BLOCK letters)	
Date of Birth (DD/MM/YYYY)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality	
Contact Number	
Email Address	
Current Address	
Permanent Address	

**2. Academic Details (Higher secondary onwards)**

Examination	University/Institute	Year of Passing	Percentage/CGPA

- *Candidate should write semester-wise details for the current academic qualification*
- *Attach copies of relevant mark sheets.*

### 3. Dissertation/Project Details

- Duration of Dissertation: From \_\_\_\_\_ to \_\_\_\_\_
- Area of Interest (tick any):
  - ☐ Physical Oceanography
  - ☐ Marine Biology
  - ☐ Fishery
  - ☐ Ecology
  - ☐ Taxonomy
  - ☐ Molecular Biology
  - ☐ Environmental Science
  - ☐ Bioinformatics
  - ☐ Others (specify): \_\_\_\_\_

- Is a dissertation a mandatory part of the curriculum? ☐ Yes ☐ No ☐ NA

- Name & Address of Present Institution:

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- Name of Head/Dean/Principal at Parent Institute:

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### 4. Preferred name of the scientist/ mentor under whom dissertation/internship to be carried (Maximum 3 preferences can be added) out:

- i. \_\_\_\_\_ - \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

### 5. Declaration by the Applicant

I hereby declare that the above information is true to the best of my knowledge. I understand that selection for the dissertation work is subject to availability of slots and research

requirements of the host institution. If selected, I shall abide by the rules and regulations of the host institution.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Applicant**

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### **5. Recommendation from Head of Department / Project Guide**

This is to certify that Mr./Ms. \_\_\_\_\_ is a bonafide student of our institution and is recommended to undertake dissertation work as a part of M.Sc curriculum.

Signature with Date & Seal

Full Name : \_\_\_\_\_

Designation: \_\_\_\_\_