



ऑयल एण्ड नेचुरल गैस कॉरपोरेशन लिमिटेड
OIL AND NATURAL GAS CORPORATION LTD.
ओएनजीसी अकादमी ONGC ACADEMY

कौलागढ़ रोड देहरादून Kaulagarh Road,Dehradun -248195

फैक्स नं. Fax No: 0135 -2758832

Dated: July 4, 2016

Dissertation by Post-Graduate Students in ONGC

The students pursuing post-graduate courses in the upstream petroleum related subjects may apply in prescribed form for carrying out their dissertation work in ONGC during their final year.

The duration of Dissertation work in ONGC will be of 6 months on continuous basis during October 2016 to June 2017.

The application(s) complete in all respect should accompany with a forwarding letter by the Head of Department requesting ONGC for the dissertation work of student(s). The letter of Head of Department should be addressed to Head ONGC Academy, 9, Kaulagarh Road, Dehradun. The letter should state that carrying out the dissertation work in industry is a requirement of the course curriculum and should have the following information:

Sl	Name of student	Name of course	Year of course	Duration of dissertation in ONGC (from month to month)	Area of interest for dissertation	ONGC institute / work centre	Relative Merit position

Last date of receiving applications in ONGC Academy Dehradun is **31st August, 2016**.

The letter of Head of Department and the application(s) in the prescribed form should be sent to:

Head

ONGC Academy

9, Kaulagarh Road

DEHRADUN-248195

(Uttarakhand)

Please Note :

- 1. All fields are mandatory.** Please fill-in the information legibly.
- Fill the attached **ECS form** and get it **signed by Branch manager of concerned Bank** and **submit the original** along with this application (**Essentially required for payment of stipend, if eligible**)

Electronic Clearing Service (Credit clearing)

(Model Mandate Form)

(Investor/customer's option to receive payments through Credit clearing mechanism)

(Scheme name and the periodicity of payment)

Vendor No.

1. INVESTOR/CUSTOMER'S NAME:

2. PARTICULARS OF BANK ACCOUNT:

A. BANK NAME

B. BRANCH NAME

Address

Telephone No.

C. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH:

(Appearing on the MICR Cheque issued by the bank)

C.1. IFSC/NEFT/RTGS CODE OF BANK:

D. ACCOUNT TYPE:

(SB Account/Current Account or Cash Credit with Code 10/11/13)

E. LEDGER NUMBER/LEDGER FOLIO NO.

F. ACCOUNT NUMBER

(As appearing on the Cheque Book)

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled Cheque or photocopy of a Cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars)

3. DATE OF EFFECT

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the scheme.

Date:

(-----)

Signature of the Investor/Customer

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

(-----)

**Signature of the Authorized
Official from the Bank**

Date:

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