

## 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 6, 2015

### **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 2015 to June 2016.

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:

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

Last date of receiving applications in ONGC Academy Dehradun is 31st August, 2015.

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)

- 1. All fields are mandatory. Please fill-in the information legibly.
- 2. 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 stipend category only)



# OIL AND NATURAL GAS CORPORATION LTD. ONGC ACADEMY, Dehradun

Application for Dissertation work by post-graduate students pursuing M.Tech./ M.Sc. courses in upstream petroleum related disciplines (To be filled in by the Applicant)

Affix recent Passport size photograph

Name (in capital letters):								
Date of Birth: ☐ ☐ ☐ Gender: F/M (√ any One) Category: Gen/SC/ST/OBC/Others								
Address:								
PIN I								
Mobile No. + 91								
E-mail:								
Bank Details (Applicant):								
Name of Bank:								
Account No:								
IFSC Code:								
PAN Card No.:								
Father/Mother's Name and Address:								
If Father / Mother Employee of ONGC:								
Designation: CPF No:								
Location: Mobile:								
Academic Details:								
Name & Address of the present academic institute:								

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- 2. 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 stipend category only)

Name of the present course:				
Subject of interest for dissertation work:				
Present semester / year:				
Marks: (a) Last semester / year %: (b) % in 10+2:	(Attach proof).			
I son /daughter ofrequest ONGC for granting me	Recommended for Dissertation Work in ONGC			
the permission to undertake dissertation work at ONGC. I have not undertaken dissertation work in ONGC before.	(Signature and Seal)  Head of Department of the  Academic Institution			
Date (Signature of Applicant)	Academic institution			
Title of the project (As identified by Key Executive):  Synopsis of the project: Separate sheet to be attached				
Name of the MentorDesignation	CPF No			
Recommendation of Key Executive of Institute/Asset/Basin:				
	Signature of Key Executive			
Approved / Not Approved				
Date:	Signature of HOI-ONGCA			

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## **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 10/2	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, pleator front page of your savings bank passbook issued by your	ase attach a blank cancelled Cheque or photocopy of a Cheque bank for verification of the above particulars)
3. DATE OF EFFECT	
I hereby declare that the particulars given above are correct a	and complete. If the transaction is delayed or not effected at all
for reasons of incomplete or incorrect information, I would n invitation letter and agree to discharge responsibility expected	ot hold the user institution responsible. I have read the option of me as a participant under the scheme.
	()
Date:	Signature of the Investor/Customer
Certified that the particulars furnished above are correct as pe	er our records.
(Bank's Stamp)	
	() Signature of the Authorized
	Official from the Bank
Date:	

- 1. All fields are mandatory. Please fill-in the information legibly.
- 2. 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 stipend category only)