



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: August,25, 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:

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, 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)

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 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):

[Name input grid]

Date of Birth: [Date input grid] Gender: F/M (V any One)

Category: Gen/SC/ST/OBC/Others

Address: [Address input grid]

[Address input grid] P I N [PIN input grid]

Mobile No. + 91 [Mobile input grid]

E-mail: [Email input grid]

Bank Details (Applicant):

Name of Bank: [Bank name input grid]

Account No: [Account number input grid]

IFSC Code: [IFSC code input grid]

PAN Card No.: [PAN card number input grid]

Father/Mother's Name and Address:

[Father/Mother name input grid]

[Father/Mother name input grid] P I N [PIN input grid]

If Father / Mother Employee of ONGC:

Designation: [Designation input grid] CPF No: [CPF No. input grid]

Location: [Location input grid] Mobile: [Mobile input grid]

Academic Details:

Name & Address of the present academic institute:

[Academic institute name input grid]

[Academic institute name input grid] P I N [PIN input grid]

Please Note :

- 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)

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 of _____ request ONGC for granting me the permission to undertake dissertation work at ONGC. I have not undertaken dissertation work in ONGC before.

Date

(Signature of Applicant)

Recommended for Dissertation Work in ONGC

(Signature and Seal)
Head of Department of the Academic Institution

Title of the project (As identified by Key Executive): _____

Synopsis of the project: Separate sheet to be attached

Name of the Mentor _____ Designation _____ CPF No. _____

Recommendation of Key Executive of Institute/Asset/Basin: _____

Signature of Key Executive

Approved / Not Approved

Date:

Signature of HOI-ONGCA

Please Note :

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- 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**)

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:

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 stipend category only**)