Application Form

Application Form for Scholarship Scheme for Faculty Members from Academic Institutions 2019

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| **1. PERSONAL PARTICULARS** | | |
| **Name** |  | |
| **Date of Birth**  (DD/MM/YYYY) |  | Affix recent Passport size Photograph signed by the candidate and duly attested by the Head of the Dept/Institution  (DO NOT USE STAPLER OR PIN) |
| **Postal Address** |  |
| **Telephone Number** |  | |
| **Fax Number** (optional) |  | |
| **Mobile Number** |  | |
| **E-mail Address** |  | |
| **Note:** Please enclose your recent curriculum vitae or resume and your research proposal of  not more than 1000 words. | | |

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| **2. ACADEMIC QUALIFICATIONS** | | | | | |
| **Examination Passed** | **Board/ Council/ University** | **Subjects** | **Year of Passing** | **Percentage** | **Remarks** |
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| **3. JOB DESCRIPTION** | |
| **Name of the Institution** |  |
| **Current Status/ Research Position at Institution** |  |
| **Research interests** |  |
| **List of three most relevant publications (if any)** | 1.  2.  3. |
| **Note:** Please enclose an official letter from your university/college bearing the official university/college stamp verifying your status at the time of application. | |

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| **4. List of All Publications/Work-in-Progress** | |
| **Publications/Work-in-progress** | **Name of the Journal** |
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