

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
Application Form for Institutional Full Term Doctoral Fellowship

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Name of the ICSSR Research Institutes	
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PERSONAL INFORMATION

1.	Name of the Applicant																												
2.	Address for Communication <i>(including mobile number and email ID)</i>																												
3.	Permanent Address																												
4.	Date of Birth (DD/MM/YYYY) (Age as on last date of application).	____/____/____, ____ Years ____ Months																											
5.	Educational Qualifications	Name of Degree	Name of the University	Year of Passing	% of Marks	Division	Main Subjects																						
		B.A.																											
		Master's																											
		M. Phil																											
		NET/ SLET/ RET	NA																										
		Qualified NET / SLET			Yes		No																						
6.	Indicate your category	<table border="1" style="width: 100%; border-collapse: collapse; margin: 5px;"> <tr> <td style="text-align: center;">GEN</td> <td></td> <td style="text-align: center;">SC</td> <td></td> <td style="text-align: center;">ST</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Male</td> <td></td> <td style="text-align: center;">Female</td> <td></td> <td style="text-align: center;">Transgender</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Persons with Benchmark Disability</td> <td style="text-align: center;">Yes</td> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> </table>						GEN		SC		ST			Male		Female		Transgender			Persons with Benchmark Disability				Yes		No	
GEN		SC		ST																									
Male		Female		Transgender																									
Persons with Benchmark Disability				Yes		No																							
7.	Details of Ph.D. Registration																												
	Name and address of the University																												
	Department																												
	Date of confirmed Registration																												
	Last Date of Submission of Thesis	Year:		Month:																									

	Title of Ph.D. thesis	
8.	Name of the Supervisor	
	Designation	
	Address	
	Mobile Number	
	Email id	
	Area of Specialization	
9.	Type of affiliating institution	ICSSR Research Institute <input type="checkbox"/> Institute of National Importance <input type="checkbox"/> Central University <input type="checkbox"/> State University <input type="checkbox"/> College with Ph.D. Programme <input type="checkbox"/> Deemed University <input type="checkbox"/> Public funded research institute <input type="checkbox"/>
10.	Whether received any financial assistance from ICSSR Yes/No Year of Award Amount sanctioned Date of Completion, if completed If incomplete, likely date of completion Duration of extension taken, if any.	
11.	Whether received any financial assistance from any other institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc. Yes/No Year of Award Amount sanctioned Date of Completion, if completed If incomplete, likely date of completion Duration of extension taken, if any	
12.	Mother's Name	
	Mobile Number	
	Email ID	
13.	Father's Name	
	Mobile Number	
	Email ID	

DETAILS OF THE PROPOSAL

14.	Details of Ph.D. Registration	
	Date of confirmed Registration	
	Last Date of Submission of Thesis	Year: _____ Month: _____
	Title of Ph. D thesis	
15.	Study Implications	<p>Please summarize the expected impact of your study (in 500 words each).</p> <p>(a) How will it benefit the society at large</p> <p>(b) How will it be relevant for a definite policy area and policy making</p>
16.	Details of Published Articles/ Papers / Publications (max. 5).	

Declaration

I hereby declare that:

1. I am not a defaulter of any previous ICSSR grant.
2. I have neither been subjected to any disciplinary action nor found guilty of any offence in my career.
3. The Research Proposal and its contents are entirely original and as per the standard practice.
4. I have not concealed any information in my fellowship application. If ICSSR finds any contrary information at any stage, it may cancel my fellowship out rightly.

Place:

Date:

Signature of the Candidate

Annexure/Checklists (in the given order)

1. Abstract of the proposal (about 300 words)
2. Detailed Research Proposal (*about 3000 words in the format as indicated in the guidelines*). In addition to this, applicants for Short-Term and Contingency Grant are required to submit the status report of their ongoing research work duly signed by the Supervisor.
3. One page academic CV of the applicant.
4. Brief academic CV of the Supervisor (2-3 pages)
5. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.
6. Self-attested Matriculation/Graduation/Post-Graduation/M Phil Certificates and mark sheets.
7. Self-attested copy of the Ph. D Registration Certificate.
8. Self-attested SC/ST certificate or certificate of disability issued by the competent authority.

