

Post Doctoral Fellowship

Please see ICSSR website for details:

<http://icssr.org/Port-Doctoral%20New.htm>

Senior Fellowship

Please see ICSSR website for details:

http://icssr.org/fello_senior%20new1.htm

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
Application Form for Post-Doctoral Fellowship

Paste Your
 Passport
 Size
 Photograph
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Broad Discipline (refer 1.2 of the guidelines)

1.	Name of the Applicant																							
2.	Address for Communication <i>(including mobile number and email ID)</i>																							
3a.	If employed, designation and name & complete address of the employer with website, email ID, etc.																							
3b.	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	Subjects/ Disciplines																	
		B.A.																						
		M.A.																						
		M Phil																						
		Ph D.																						
		NET/SLET/ RET																						
6.	Indicate your category	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">GEN</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">SC</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">ST</td> <td style="width: 25%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Male</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Female</td> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Transgender</td> <td style="width: 33%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 66%; text-align: center;">Persons with Disability</td> <td style="width: 16.5%; text-align: center;">Yes</td> <td style="width: 16.5%;"></td> <td style="width: 16.5%; text-align: center;">No</td> <td style="width: 16.5%;"></td> </tr> </table>						GEN		SC		ST		Male		Female		Transgender		Persons with Disability	Yes		No	
GEN		SC		ST																				
Male		Female		Transgender																				
Persons with Disability	Yes		No																					
7.	Name & Address of the affiliating institution <i>(including phone number, email ID and website)</i>																							
8.	Name of the PDF Supervisor with designation and address <i>(including mobile number and email ID)</i>																							

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"/> Other (please specify) <input type="checkbox"/>
10.	Whether received any assistance/project from ICSSR or any other institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc. 1.) Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick the relevant box) 2.) If Yes, when <input type="text"/> duration From <input type="text"/> To <input type="text"/> Where <input type="text"/> Amount <input type="text"/> 3.) If Completed, date of completion <input type="text"/> Title <input type="text"/> Amount <input type="text"/> 4.) If Ongoing, the expected date of <input type="text"/> Title <input type="text"/> Completion.	
11.	Title of the Research Proposal	
12.	Study Implications	Please summarize the impact of your study (in 500 words each). (a) How it will benefit the society at large. (b) How it is relevant for policy making.

Declaration

I hereby declare that:

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

Place:

Date:

Signature of the Candidate

Annexure/Checklists (in the given order)

1. Abstract of the Proposal (*up to 500 words*).
 2. Detailed Research Proposal (*about 3000 words in the format as indicated in the guidelines*).
 3. Brief academic CV (*up to three pages including (1) educational qualifications Graduation, Post-Graduation, M Phil, Ph D research (2)list of five best publications in the form of books/research papers/reports with bibliographical details (3) details of scholarship received*).
 4. Consent letter and brief academic CV of the Supervisor.
 5. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.
 6. Self-attested SC/ST certificate or certificate of disability issued by the competent authority.
 7. Self-attested Matriculation Certificate and Graduation/Post-Graduation/M Phil mark sheets.
 8. Self-attested copy of Ph. D Degree.
-

Forwarding Letter by the Affiliating Institution
(By Head of the University/College/Institution)

The Incharge,
RFS Division
Indian Council of Social Science Research (ICSSR)
JNU Institutional Area
Aruna Asaf Ali Marg,
New Delhi - 110067

The _____ (Name of the organization) forwards the application of _____ (Name of the applicant) for ICSSR Post-Doctoral Fellowship by the ICSSR.

We agree to administer the funds, provide basic required infrastructure facilities, make available all its research facilities such as library, laboratory and other equipment and provide the material and managerial assistance for the Fellowship.

If the scholar receiving the Fellowship leaves our institution to join some other institution after part of the sanctioned grant has been received, we would have no objection to the transfer of the fellowship to a new institution, if the scholar so requests and the ICSSR approves it. The institution, however, shall be responsible for submitting the audited statement of accounts and utilization certificate for the grant received and utilized.

On completion of the fellowship, the institution may take possession from the scholar of books/periodicals/equipment purchased out of the contingency grant.

Signature of the Registrar/
Principal/Director of the Institute
(Seal)

Place: _____ Name: _____

Date: _____ Designation: _____

(Signature of the applicant)

Name _____

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
Application Form for Senior Fellowship

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Broad Discipline (refer 1.2 of the guidelines) _____

1.	Name of the Applicant																							
2.	Address for communication <i>(including mobile number and email ID)</i>																							
3.	Permanent Address																							
4.	Present Position and office address, if any																							
5.	Date of Birth (DD/MM/YYYY) and age as on last date of application.	____/____/____, ____ Years ____ Months																						
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	1.) Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick the relevant box)	
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11.	Title of the Research Proposal	
12.	Study Implications	Please summarize the impact of your study (500 words each). (a) How it will benefit the society at large. (b) How it is relevant for policy making.
13.	Applying under	Pay Protection Scheme <input type="text"/> Contingency (<i>without pay protection</i>) <input type="text"/> Regular Fellowship Scheme <input type="text"/>

Declaration

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Date:

Signature of the Candidate

Annexure/Checklists (in the given order)

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2. Detailed Research Proposal (*in about 3000-4000 words in the format as indicated in the guidelines*).
3. Brief academic CV (not more than five *pages including (1) educational qualifications Post Graduation, M Phil and Ph. D research (2) list of ten best publications in the form of books/research papers/reports with bibliographical details (3) details of scholarship received*).
4. Salary certificate and no-objection from the employer, if applying under salary protection scheme.
5. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.

6. Self-attested SC/ST certificate or certificate of disability issued by the competent authority.
 7. Self-attested Matriculation Certificate.
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Name _____