

# INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

## Application for Post-Doctoral Fellowship

<b>1.</b>	<b>Name of the Applicant</b>	
<b>2.</b>	<b>Present Position and Institutional Address of the Applicant, if any</b>	
		Telephone of the Applicant:
		Mobile of the Applicant:
	Email of the Applicant:	
	<b>Mailing Address of the Applicant</b>	
<b>3</b>	<b>Date of Birth</b>	
<b>4</b>	<b>Indicate the categories to which the applicant belongs</b> <i>(Tick one or more boxes, as applicable. Enclose relevant certificates, if any, as Annexure IX)</i>	<u>Social:</u> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/>
		<u>Gender:</u> Male <input type="checkbox"/> Female <input type="checkbox"/>
		<u>Religious Minority:</u> <input type="checkbox"/> (As defined by the National Minority Commission)
		<u>Differently Aabled:</u> <input type="checkbox"/>
<b>5</b>	<b>Indicate whether the applicant is from</b> <i>(Tick one or more box, as applicable. For Educationally Backward Districts, see the list on ICSSR website)</i>	North East States <input type="checkbox"/>  Educationally backward districts <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, mention district
<b>6</b>	<b>University/Institutes/Organisation where the grant is to be administered</b> <i>(Please give complete address. In case it is a private institution, please furnish information as given in Annexure V.)</i>	Phone no. <input type="text"/> Fax: <input type="text"/>  Email: <input type="text"/> Website: <input type="text"/>

7	<b>Type of Institution where the grant is to be administered</b>	Central University <input type="checkbox"/> State University <input type="checkbox"/> ICSSR Research Institute <input type="checkbox"/> Other public funded research institute <input type="checkbox"/> Public Deemed University <input type="checkbox"/> Private Deemed University <input type="checkbox"/> State Private University <input type="checkbox"/> Government College <input type="checkbox"/> Aided Private College <input type="checkbox"/> Unaided Private College <input type="checkbox"/> NGO/ Registered Society <input type="checkbox"/> Other (please specify)																		
8	<b>Educational Qualification and academic attainments of the applicant</b> <i>(Please enclose brief academic CV as Annexure II)</i>																			
9	<b>Indicate if the applicant has received any ICSSR grant previously</b>  <i>(Please tick)</i>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Ongoing</th> <th style="text-align: center;">Completed</th> </tr> </thead> <tbody> <tr> <td>Research Projects</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fellowships</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Seminar Grant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>International Travel</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Publication Grant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Ongoing	Completed	Research Projects	<input type="checkbox"/>	<input type="checkbox"/>	Fellowships	<input type="checkbox"/>	<input type="checkbox"/>	Seminar Grant	<input type="checkbox"/>	<input type="checkbox"/>	International Travel	<input type="checkbox"/>	<input type="checkbox"/>	Publication Grant	<input type="checkbox"/>	<input type="checkbox"/>
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10	<b>If completed, specify</b>	Date of Completion <input style="width: 150px; height: 20px;" type="text"/> Report submitted Yes <input type="checkbox"/> No <input type="checkbox"/>																		

<b>11</b>	<b>Title of the Proposal of Research</b> <i>(Please enclose a copy of the proposal/synopsis, along with an abstract, as per the format given in the Guidelines)</i>	
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Declaration

I hereby declare that the entries above and in the enclosed annexures are factually correct and no facts have been hidden by me.

If any of the above information supplied by me is proved to be incorrect, my application may be cancelled at any stage of the award.

Place:

Date:

**Signature of the Candidate**

**Annexure/Checklists**

1. Abstract of the Proposal as per Annexure I with this form
2. Brief academic CV of the applicant as Annexure II
3. Two copies of Summary of the Research Proposal in about 750 words, as Annexure III
4. Two copies of detailed Research Proposal in about 3000 words, as Annexure IV
5. Institutional Profile as per Annexure V with this form (Only for proposals from non-public institutions)
6. Salary certificate and no-objection from the employer, if applying under salary protection scheme as Annexure VI
7. Forwarding letter from the Head of the Institution where the Fellowship will be located as Annexure VII
8. Consent letter from the supervisor and his/her brief bio-data as Annexure VIII
9. Duly attested SC/ST certificate, if applicable, as Annexure IX.

**ANNEXURE I**

**ABSTRACT OF POST-DOCTORAL RESEARCH FELLOWSHIP PROPOSAL**

1	<b>Title of the Fellowship Proposal</b>	
2	<b>Broadly, the discipline of Social Sciences (and sub-themes) in which the applicant's Ph.D. could be located</b> <i>(Please refer to the Guidelines for a list)</i>	
3	<b>Nature of the study</b> <i>(Please tick)</i>	Field work intensive <input type="checkbox"/> Secondary source intensive <input type="checkbox"/> Limited fieldwork based <input type="checkbox"/> Theoretical study <input type="checkbox"/>
4	<b>In case of fieldwork intensive, specify the scope</b> <i>(Please tick)</i>	Less than district level <input type="checkbox"/> Comparative district level study <input type="checkbox"/> State level study <input type="checkbox"/> Comparative state level study <input type="checkbox"/> National level/more than two states <input type="checkbox"/> Involves international travel <input type="checkbox"/>

5	<b>Duration of the study</b> <i>(In months)</i>	Review of literature/data sources <input data-bbox="1155 219 1302 271" type="text"/> Field work, if any <input data-bbox="1155 293 1302 344" type="text"/> Data/theoretical analysis <input data-bbox="1155 367 1302 418" type="text"/> Report writing <input data-bbox="1155 441 1302 492" type="text"/> Total duration <input data-bbox="1155 515 1302 566" type="text"/>
6	<b>Applying under</b> <i>(Please enclose salary certificate from employer as Annexure VI, if applying under salary protection scheme)</i>	Salary Protection Scheme <input data-bbox="1043 647 1118 712" type="checkbox"/>  Regular Fellowship Scheme <input data-bbox="1043 871 1118 920" type="checkbox"/>

(Signature of the applicant)

Name \_\_\_\_\_