Application Form

Application Form for Scholarship Scheme for Faculty Members from Academic Institutions 2024

1. PERSONAL PARTICULARS			
Name			
Date of Birth (DD/MM/YYYY)		Affix recent Passport size Photograph signed	
Postal Address		by the candidate and duly attested by the Head of the Dept/Institution (DO NOT USE STAPLER OR PIN)	
Telephone Number			
Mobile Number			
E-mail Address			
Note: Please enclose you	our recent curriculum vitae or resume and your reds.	esearch proposal of	

2. ACADEMIC QUALIFICATIONS					
Board/ Council/ University	Subjects	Year of Passing	Percentage	Remarks	
	Board/ Council/	Board/ Council/	Board/ Council/ Subjects Year of	Board/ Council/ Subjects Year of Percentage	

3. Job Description				
Name of the Institution				
Current Status/ Research Position at Institution				
Research interests				
	1.			
List of three most relevant publications (if any)	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.

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