**Annexure-II**

**Application From**

**Indian Council of Medical Research**

**Division of HRD**

**Ansari Nager, New Delhi-110029**

**APPLICATION FORM FOR “ICMR- CENTENARY Post Doctoral Research Fellowship”**

**Please use BLOCK LETTERS**

1. Full Name…………………………………………….Sex (M/F)…………

Last Name First Middle

1a. Father’s/ Husband’ Name…………….Father’s/ Husband’s nationality……

1. Present Address:……………………………………………………………………

………………………………………………………………………………………….

Email : ……………………………………………………………………………….…   
  
Phone : (M)…………………………. (R)……………………………………………...

(O)……………………………………

1. Permanent address in India (for Indian Nationals))/ Abroad (For Foreign Nationals/ NRI’s / PIOs):………………………………………………………………………

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1. a) Date of birth…………..(b) Birth Place:…………(c) State of Domicile……….
2. Citizenship:…………………………………………………………………………
3. Category: (a) Indian National- Yes-No:………..
4. Passport details:: (a)Passport No:………….(b) Issuing Authority………………
5. Type of Visa held:……………………………………………………………………
6. Do you belong to: (a) SC-Yes/ No (b) ST- Yes/ NO (c) OBC- Yes/ No
7. Date of arrival from foreign country:……………………………./ expected return:………………
8. Academic and professional qualifications (from first degree onwards):

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| --- | --- | --- | --- | --- | --- |
| Degree/ Diploma | Subject | Percentage of marks or Grade | Name of university/ Institution | Duration of course | Month & year of passing |
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1. Title of PhD Thesis…………………………………………………………………

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1. Specializations, in terms of broad Area of Specialization and Exact Area of specialization:

|  |  |  |
| --- | --- | --- |
| (a) Subject | (b) Broad Area of Specialization | Exact area of Specialization |
|  |  |  |

1. Publications and Patents: (**Please attach list of publications and patents with full references and reprints or photocopies bearing serial numbers corresponding with those in the list**):
2. Total no. of papers (i) Published…………….(ii)Accepted……………………….
3. **Papers from thesis (i) Published…………….(ii) Accepted…………………..**
4. No. of Books published………………(c) No. of patents: (i) Field:……..(ii) Granted………….. (d) Total impact factor from publications ……………..
5. Prizes, Honors, Awards, Distinctions, if any:……………………………………..

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1. Fellowships held:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of fellowship  Name of the sponsoring agency | | Dates | | Amount /  Name of the Host Institute | |
| From | To |
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1. Give details of employments, if any (A separate sheet may be used):

18 Title of the proposed Research Project:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

(Describe in detail, on a separate sheet, the Research or Development Project you would like to pursue, along with year-wise plan of work for at least two years. The project should be made in **consultation with the mentor / Director /Officer-in-charge** with whom you purpose to work in ICMR Institute/ center.)

1. **Correlations with your thesis work and proposed work . (Justification)- 200 words.**

19. Name of the ICMR Scientist with Designation, email and phone no. whom the proposed work will be initiated:

……………………………………………………………………………………………………………………………………………………………………………………

20. Testimonials from two referees (one should be PhD Guide) whom are familiar with your recent research work may be attached. Please give the names, designations and addresses of referees:

(i) …………………………………………………………………………………...

………………………………………………………………………………………

(ii)…………………………………………………………………………………..

………………………………………………………………………………………

21. **Declaration:**

I have read the terms and conditions of the ICMR – Centenary Postdoctoral Research Fellowship Scheme. I accept and agree to abide by these if the Fellowship is offered to me. I certify that to the best of my knowledge and belief the particulars given in the application are correct. I understand that the decision taken on my application by ICMR will be final. (If false and suppression of factual information in the application form comes to the notice of ICMR at any time during the tenure of PDF, the ICMR- centenary PDF would be liable to be terminated).

Place………………. Signature of the candidate…………………..

Date:…………………

22. **Declaration (Specifically for Indian National working abroad):**

I do hereby affirm that I will abide by Indian Laws as applicable to Indian Nationals and will not participate in unlawful activities.

Place………………. Signature of the candidate……..……………

Date:……………....

23. **Attestation by Director/officer in charge of ICMR Institutes/Center:**

I have satisfied myself about the credentials of the applicant and will provide him/ her all the infrastructure facilities to carry out his/ her research work in this institute. The institute will also be responsible for his conduct and monitor his/ her research progress. **( pl. write few words regarding the proposal )**

Place……………………. Signature of the Director with Official Seal

Date:………