**INDIAN COUNCI OF MEDICAL RESEARCH**

# V RAMALINGASWAMI BHAWAN

## ANSARI NAGAR, POST BOX 4911

##### NEW DELHI-110029

# SHORT TERM VISITING FELLOWSHIPS

**NB: (a) To submit typed applications**

1. **All answers should be given in words and not by dashes**
2. **Strike off those not applicable**

|  |
| --- |
| **1. GENERAL INFORMATION** |
| 1.1 Name (in block letters) underline surname |  |
| 1.2 Postal address for correspondence Pin code: Phone (STD code): Email:  |  |
| 1.3 Permanent address |  |
| 1.4 Date of Birth |  |
| 1.5 Present Employment |  |
|  Post held Temporary/Permanent Grade of Pay Salary drawn |  |
| 1.6 Employer’s name and address Pin code: Phone (STD code): Email: |  |
| 1.7 Duration of fellowship desired |  |
| 1.8 State whether you are at present in receipt of any stipend or fellowship from your institute or from any other source, if so, state the amount and source of receipt |  |
| 1.9 Particulars of other fellowships if any applied for with dates and name of agencies |  |
| 1.10 Particulars of other fellowships in India and abroad so far availed of Indicate names of agencies, Universities with dates |  |
| 1.11 State whether you have in the past availed of the Short Term Visiting Fellowship of the Council, If so, statei) The year of awardii) Duration of trainingiii) Name of the Institutions, where training was receivediv) Research techniques in which training was receivedHow the training was utilized?  |  |
| 1.12 Give Name and addresses of two references |  |

1. **ACADEMIC RECORD**

List serially, the particulars of all examination passed for Matriculation/Higher Secondary onwards. Attach attested copies of degree/Diploma/Certificates for each of the examinations passed along with marks sheets of degrees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year of the Study | Name of the School/College/ University | Aggregate marks obtained | Distinction in subjects | Subjects of thesis if any |
| Matric/ Higher Secondary |  |  |  |  |
| Pre-Professional |  |  |  |  |
| M.Sc. (State subjects) |  |  |  |  |
| M.B.B.S. |  |  |  |  |
| M.D. (State subject) |  |  |  |  |
| M.S. (State subject) |  |  |  |  |
| Ph.D. (State subject) |  |  |  |  |
| Any other examination passed |  |  |  |  |

State Medals, Scholarships, Prizes and any other award, distinction or honour won during the University career.

1. **CAREER AT A GLANCE**

List all appointments held in chronological order up to the present one:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post held | Name of place employer | Period From -To | Grade | Salary lastdrawn | Nature of duty | Special remarks if any |
|  |  |  |  |  |  |  |

**4. RESEARCH EXPERIENCE**:

Research Publications: Attach a list of all your publications. Give a brief outline and scope of published work with references. Enclose reprints of very important ones related to the subject of study.

**5. PARTICULARS OF RESEARCH TRAINING PROGRAMME**

|  |  |
| --- | --- |
| 5.1 Title of the research projects in which engaged |  |
| 5.2 Names and designation of other co-workers, if any |  |
| 5.3 What is aimed to be achieved by the study |  |
| 5.4 The date of commencement and duration of the project |  |
| 5.5 How is it supported? State the name of the supporting agency and the amount of grant received. |  |
| 5.6 Attach a brief note giving the aims and objects of the study and the amount of grant received. |  |
| 5.7 Indicate the exact research techniques in which specialized training is desired.  |  |
| 5.8 Give full justifications for the need of the training in relation to the project |  |
| 5.9 Name of the Institute where training is proposed to be received |  |
| 5.10 Attach in original the letter of placement obtained from the Centre where the training is to be received. |  |
| 5.11 Give names of alternative Centers in order of preference where you are willing to receive training and attach letters of placement from the Institutions concerned |  |
| 5.12 Period for which the training is desired (not more than three months) |  |
| 5.13 State whether all the facilities and essential equipment needed to carry out the research techniques on which training is desired to be receive are already available in the institute where employed and will be made available to him |  |

**CERTIFICATE**

I have studied the conditions of the award and accept them and agree to abide by them if the fellowship is offered to me. I certify that to the best of my knowledge, the particulars given in this application are correct.

Signature of the applicant

Date

**Certificate by the Head of the Institute**

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the fellowship applied for and certify that he/she is actually engaged in research on the project mentioned in the application. The training desired is essential for carrying out the research project, all the facilities and equipment needed for use of the research techniques in which training will be received are available in the Institute and shall be made available to him/her on his/her return from the training.

Signature

Name in Block Letters

Head of the Institution

Organization