

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

Application for Financial Assistance for Data Collection Abroad

| | | |
|-----------|---|--|
| 1. | Name | |
| 2. | Present Position and Address of the organisation | |
| | | Telephone |
| | Email | |
| | Mailing Address | |
| 3 | Date of Birth | |
| 4 | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> |
| 5 | Indicate whether you are <i>(Tick one or more boxes, as applicable. Enclose relevant certificates as Annexure-IV)</i> | SC <input type="checkbox"/> ST <input type="checkbox"/> Person with Disability <input type="checkbox"/> |
| 6 | University/Institutes/Organisation from where the application is forwarded | Phone no. _____ Fax: _____ Email: _____ Website _____ |

| 7 | Type of Institution from where the application is forwarded | <p>Central University <input type="checkbox"/></p> <p>State University <input type="checkbox"/></p> <p>ICSSR funded Research Institute <input type="checkbox"/></p> <p>ICSSR recognized Research Institute <input type="checkbox"/></p> <p>Other public funded Research Institute (give details) <input type="checkbox"/></p> <p>College funded by UGC (12 B) or State Government <input type="checkbox"/></p> <p><i>Other recognized university including Private or Deemed University</i></p> <p>Whether Deemed University <input type="checkbox"/></p> <p>Recognized as Private University under State Private University Act. <input type="checkbox"/></p> <p>Private College recognized by UGC Under 2 F <input type="checkbox"/></p> <p>Private College affiliated to University but not under UGC 12 B/2 F <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|--|------------------|----------------|-------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| 8 | Educational Qualification and academic attainment of the applicant <i>(Please enclose a recent CV as annexure-II)</i> | | | | | | | | | | | | | | | | | | | |
| 9 | Indicate if received any ICSSR grant previously <i>(Please tick)</i> | <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Completed</th> <th style="text-align: center;">Ongoing</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> | | Completed | Ongoing | 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"/> |
| | Completed | Ongoing | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | |

| | | | |
|-----------|------------------------------|--|--|
| 10 | If completed, specify | Date of Completion <input style="width: 80px; height: 20px;" type="text"/> | |
| | | Report Accounts submitted Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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.

Signature of the Candidate

Place
Date:

Enclosures/checklist

- Annexure I: Abstract of the proposal for data collection abroad
 - Annexure II: Brief CV of the applicant
 - Annexure III: Full length Research proposal/Synopsis as approved by the institution where the applicant is affiliated
 - Annexure IV: Duly attested copy of SC/ST/PWD certificate, if applicable
 - Annexure V: Copies of acceptance letter from libraries/institutions etc for accessing data
 - Annexure VI: Finalised schedule for primary data collection including proof of fixed appointment with the desired persons/institutions etc.
 - Annexure VI(a): Format for forwarding of application through the institution concerned
 - (b) A statement from scholar clearly specifying the stage of research work duly endorsed by the Ph.D supervisor.
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Forwarding Letter

(Should be signed by the supervisor and forwarded the by the registrar/head of the institution)

The Director
International Collaboration Division
Indian Council of Social Science Research (ICSSR)
JNU Institutional Area
Aruna Asaf Ali Marg
New Delhi – 110 067.

The _____ (Name of the organization) forwards application of _____ (Name of the applicant) for financial assistance under the ICSSR scheme for data collection abroad, which is an essential part of her/his work entitled

This is to certify that the component of data collection abroad is part of her/his originally approved proposal by the University/Institution and he/she has completed all required academic work towards proceeding for data collection.

The _____ (Name of the organization) also undertakes to administer and manage the ICSSR grant, as per the terms and conditions of the grant as prescribed by ICSSR in the award letter and provide logistical support for the execution of the grant under the format given in the application form.

Signature of the Supervisor

Name:

Designation:

Name of Institution

Forwarded by

**Signature of the Registrar/
Head of the Institution
(with name and stamp)**

**Place:
Date:**

Annexure-I

ABSTRACT OF PROPOSAL FOR DATA COLLECTION ABROAD

| | | |
|----------|---|---|
| 1 | Level of Research <i>For which Data is to be collected</i> | |
| 2 | Topic of Research work (Pease enclose as Annexure-III the detailed research proposal including justification of Data Collection Abroad) | |
| 3 | If Fellowship Holder, specify whether <i>(Please click)</i> | ICSSR Fellowship/Doctoral/Post Doctoral/Senior/National, Specify <input type="text"/> Any other Fellowship <input type="text"/> |
| 4 | If Doctoral/Post Doctoral work, provide | |
| | a) Name & Designation of the Supervisor, Address | |
| | b) Telephone | |
| | c) Email | |
| 5 | Country/ies to be visited, specify | |
| 6 | Duration of Stay | |

| | | |
|---|--|--|
| 7 | Type of data to be collected | Primary data <input type="checkbox"/> Secondary data <input type="checkbox"/> Any other <input type="checkbox"/> (Specify) Primary <input type="checkbox"/> Secondary <input type="checkbox"/> |
| 8 | In case of Secondary Data Collection, specify, Libraries, Data Archive, etc: to be consulted <i>(Enclose copies of acceptance letter from libraries/institutions etc for accessing data as Annexure V)</i> In case of Primary Data Collection Specify, Methodology to be employed <i>(Enclose finalised schedule for primary data collection including proof of fixed appointment with the desired persons/ institutions etc. as Annexure VI)</i> | |

Forwarded by:

(Signature & Seal)
Registrar/Head of the Institution
Name _____

(Signature of the applicant)
Name _____