

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

Application for Travel Grant for Attending Seminar/Conference/ Workshops 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. <input style="width: 200px;" type="text"/> Fax: <input style="width: 100px;" type="text"/> Email: <input style="width: 300px;" type="text"/> Website: <input style="width: 100px;" type="text"/>

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"/>
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10	If completed, specify	Date of Completion <input style="width: 150px; 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

Annexure I :Abstract of proposal for Participation in International Seminars/Conferences/Workshops Abroad

Annexure II : Brief Academic C.V. of applicant

Annexure III: Full length Paper accepted for the Seminar/Conference/ Acceptance by the organizer with details of organizers.

Annexure IV: Duly attested SC/ST/PWD certificate, if applicable

Annexure V: Acceptance letter by the organizer with details of organizers.

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.

Forwarding Letter

(Should be signed by the supervisor and forwarded the by
Supervisor/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 Travel
Grant for Attending Seminar/Conference/Workshops Abroad.

His/her Research Paper entitled _____

has been accepted in the _____

Seminar/Conference/Workshop to be held on _____ at _____.

This participation will make positive contribution his/her academic upliftment.

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.

Forwarded by

Signature of the Supervisor

Name:

Designation:

Name of Institution

(In case of Doctoral/Post Doctoral Students)

Place:

Date:

Signature of the Registrar/

Head of the Institution

(with name and stamp)

Annexure-I

ABSTRACT OF PROPOSAL FOR PARTICIPATION IN INTERNATIONAL SEMINARS/CONFERENCES/WORKSHOPS ABROAD

1.	Name of the Conference/Seminar	
2.	Date, Duration and Venue of the Conference/Seminar	
3.	Description of Conference Participation <i>(Tick wherever necessary)</i>	Presenting a paper <input type="checkbox"/> Chairing a session <input type="checkbox"/> Participating in a symposium <input type="checkbox"/>
4.	Title of the paper	
5.	Are you receiving or do you hope to receive any financial assistance from the organizers of the Conference/ other organisation	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	If yes, specify name of the organization, amount and nature of assistance	
6.	Are you attending the conference/seminar abroad for the first time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Financial Assistance Required for (Rs. in INR)	Airfare <input type="text"/> Registration fee <input type="text"/> Maintenance <input type="text"/> Visa Fee <input type="text"/> Total <input type="text"/>
10.	Which other organisation(s) have you applied for assistance, if yes, please mention	

Forwarded by:

(Signature & Seal)
Registrar/Head of the Institution
Name_____

(Signature of the applicant)
Name_____