

**NORTHERN REGIONAL CENTRE
INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
NEW DELHI**

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APPLICATION FOR RESEARCH PROJECTS

| | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|
| 1. | Name of Project Director | | |
| 2. | Present Position and Institutional Address of the Organization of the Project Director (Telephone/mobile/E-mail id must be written clearly) | | |
| | | Telephone: | |
| | | Mobile No: | |
| | E-mail : | | |
| | Mailing Address | | |
| 3. | Date of Birth and Age | | |
| 4. | Gender | <input type="checkbox"/> Male | |
| | | <input type="checkbox"/> Female | |
| | | <input type="checkbox"/> Transgender | |
| 5. | Category to which the Project Director (PD) belongs (Tick one or more boxes, as applicable. Enclose relevant certificates. <i>(if any)</i>) | <input type="checkbox"/> SC | |
| | | <input type="checkbox"/> ST | |
| | | <input type="checkbox"/> Person with Disability | |
| 6. | University/Institutes where the project would be located <i>(please give complete address)</i> | Phone No. | Fax: |
| | | Email: | Website: |
| 7. | Type of Institution where the project will be located and administered | Central University | <input type="checkbox"/> |
| | | State University | <input type="checkbox"/> |
| | | ICSSR Research Institute | <input type="checkbox"/> |
| | | ICSSR Recognized Research Institute | <input type="checkbox"/> |
| | | College | <input type="checkbox"/> |
| | | Public funded Research Institute | <input type="checkbox"/> |
| | | Other (please specify) | <input type="checkbox"/> |
| 8. | Educational Qualification and Academic Attainment of the PD <i>(Please enclose a brief academic CV as Annexure II)</i> | | |

| | | |
|-----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 9. | Title of the Project Proposal (<i>Brief Abstract of the proposal in 1500 words as per Annexure I</i>) | |
| 10. | Discipline(s) of the proposed research studies (Kindly indicate) | |
| 11. | Estimated cost and duration of the Study (Please provide detailed estimate of the budget in a separate sheet) | Cost (In Rupees) <input type="text"/> Duration (In months) <input type="text"/> |
| 12. | Indicate if Project Director has received any ICSSR-NRC grant previously | |

DECLARATION

If any of the above information supplied by me is proved to be incorrect my project may be cancelled.

Place:

Signature of the Project Director

Date:

Annexure/Checklists (in the given order)

1. Detailed Research Proposal (in about 3000 words in the format as indicated in the guidelines).
2. Brief academic CV of the Project Director
3. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letterhead
4. Detailed budget estimate as per ICSSR-NRC guidelines.

Forwarding Letter by the Affiliating Institution
(By Head of the University/College/Institution)

The Honorary Director
Northern Regional Centre
Room No. 003, Old CRS Building
Jawaharlal Nehru University
Aruna Asaf Ali Marg,
New Delhi - 110067

The _____ (Name of
the _____ Organization) forwards the _____ application of
_____ (Name of the applicant) for
ICSSR-NRC Research Project Proposal.

We agree to administer the funds, provide basic research infrastructure facilities, and make available all its research facilities such as library, laboratory and other equipment and required office assistance for the smooth completion of the Research Programme/Project.

If the scholar working on the Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Programme/Project to a new institution, if the scholar so requests and the ICSSR-NRC approves it. The institution, however, shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per ICSSR rules.

On completion of the Programme/Project, the institution will make sure that all books/periodicals/equipment etc. purchased out of the project grant from the scholar.

Signature of the Director of the Institute /
Principal/ Registrar
(with name and stamp)

Place: New Delhi

Name: _____

Date:

Designation: _____

ICSSR Northern Regional Centre Format for Short Summary

- Title of the Study:
- Name & Address of the Project Directors:
- Institution of Affiliation (Full Address):
- Duration of the Study:
- Budget Proposed by the Scholars:
- Specific Objectives of the Study:
- Central Idea of the Problem:
- Methodology (In Brief):

