**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**

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#  Application Form

**NETAJI SUBHAS CHANDRA BOSE SENIOR FELLOWSHIP (NE STATES)**

|  |  |
| --- | --- |
| **Broad Research Discipline as per ICSSR list*****(****Refer Clause1.1 of guidelines)* |   |

1. **Personal Information**

|  |  |  |
| --- | --- | --- |
| **1.**  | **Name of the Applicant** ***(Capital Letters)*** |    |
| **2.** | **Address for Communication**(*including mobile number and email ID)* |   |
| **3.** | **Permanent Address** |  |
| **4.** | **Date of Birth (DD/MM/YYYY)** **(Age as on last date of application).** |  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months |
| **5.** | **Mother’s Name**  |  |
|  | Mobile Number |  |
|  | Email ID |  |
| **6.** | **Father’s Name** |  |
|  | Mobile Number |  |
|  | Email ID |  |
| **7.** | **Whether Employed** |

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

 |
|  | If employed give following details: |  |
|  | Designation |  |
| Pay-scale drawn |  |
| Name & address of the Institution |  |
| Type of Institution |

|  |  |  |  |
| --- | --- | --- | --- |
| Govt. |  | Pvt. |  |

 |
| Telephone No. |  |
| Email id |  |
| Website |  |
| If retired, give following details: |  |
| Designation (At the time of retirement) |  |
| Last pay-scale drawn |  |
| Name & address of the Institution from where retired with email id |  |
| **8.** | **Indicate your category** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GEN |  | SC |  | ST |  |

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|  |  |  |  |  |  |
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| Male  |  | Female |  | Transgender |  |

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| --- | --- | --- | --- | --- |
| Person with Benchmark Disability  | Yes |  | No |  |

 |
| **9.** | **Whether received any financial assistance from ICSSR** Yes/NoIf yes:Name of the Award/Scheme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Award \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Completion, if completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If incomplete, likely date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration of extension taken, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10.** | **Whether received any financial assistance from any other institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc.** Yes/NoIf yes:Name of the Award/Scheme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Award \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Completion, if completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If incomplete, likely date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration of extension taken, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **II -Educational Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Degree | Name of the University | Year of Passing | % of marks | Division | Subjects/Disciplines |
| Master’s  |  |  |  |  |  |
| M Phil |  |  |  |  |  |
| Ph.D. |  |  | NA | NA |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Topic of Ph.D. Thesis:** |  |

**Papers in Journals / Edited Books / Reports Published/Citations, etc. (Details of the best 5 to 10)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Title of the Article** | **Name of the Journal, Place of Publication and Frequency** | **Month, Year and Volume of Publication with Page Nos.** | **Is the Journal Scopus Indexed and UGC CARE list? (Yes/No)** |
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| --- | --- |
| Participation in Research Projects (also with capacity) | 1.2.3. |

**Any other important Academic Achievement (approx. 100 words)**

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| --- |
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**III-Affiliation Details**

|  |  |
| --- | --- |
| **Name & Address of the Affiliating Institution****(***including website, phone number, email ID***)** |  |
| **Type of Affiliating Institution**  | ICSSR Research InstituteInstitute of National Importance Central University State UniversityDeemed UniversityPublic funded research institute |

**IV. DETAILS OF THE RESEARCH PROPOSAL**

1. **Title of the Research Proposal**

**(ii) Abstract (approx. 200 words)**

**(iii) Introduction of the Proposed Study (approx. 400 words)**

**(iv) Major Research Works Reviewed: 1) International and 2) National. Not less than 15 to 20 important works (approx. 400 words)**

**(v) Identification of Research Gap (approx. 300 words)**

**(vi) Objectives of the Proposed Study (approx. 100-150 words)**

 **(vii) Research Questions/Hypothesis (approx. 150-200 words)**

**(viii) Framework and Methods Proposed for Research (approx. 400 words)**

 **(ix) Innovation/path breaking aspect of the Proposed Research (150-200 words)**

**(x)Proposed Outcome such as papers in journals, edited book/(s), book, policy papers, document, dataset etc. with proposed timeline and place of publications (300 words)**

**(xi)Any new data to be generated where data deficiency is felt (100-150 words)**

**(xii)Relevance of the proposed study for policy-making (approx. 150 words)**

**(xiii)Relevance of the proposed study for society (approx. 200 words)**

**(xiv) Milestone set for the study for each successive quarters (100 words):**

First Quarter/Second/Third/Fourth/Fifth/Sixth/Seventh/Eighth

(Depending on the proposed duration of the study)

## Declaration

I hereby declare that:

1. I am not a defaulter of any previous ICSSR grant.
2. I have not availed ICSSR pay protection scheme previously.
3. I have neither been subjected to any disciplinary action nor found guilty of any offence in my career.
4. The Research Proposal and its contents are entirely original and as per the standard practice.
5. I have not concealed any information in my fellowship application. If ICSSR finds any contrary information at any stage, it may cancel my fellowship out rightly.

Place:

Date:

**Signature of the Candidate**

**Annexure/Checklists (in the given order)**

1. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.
2. Self-attested Matriculation / Ph. D Certificates
3. Self-attested SC/ST certificate or certificate of disability issued by the competent authority.
4. Those, applying under salary protection, should attach a certificate of Last Month’s Gross Drawn Pay.

**Forwarding Letter by the Affiliating Institution**

 *(By Head of the University/Institution)*

The In-charge,

RFS Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area

Aruna Asaf Ali Marg,

New Delhi - 110067

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the organization) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the applicant) for ICSSR Senior Fellowship by the ICSSR.

We agree to administer the funds, provide basic research infrastructure, material and managerial assistance for the Fellowship. We shall maintain a dedicated bank account for ICSSR grant (Scheme Code-0877) that is duly registered at PFMS portal for release of the Fellowship Grant (Please refer notification given on ICSSR website – [www.icssr.org](http://icssr.org/sites/default/files/important_notice/2019-PFMS-Notification.pdf)).

If the scholar receiving the Fellowship leaves our institution to join some other institution after part of the sanctioned fellowship has been received, we would have no objection to the transfer of the fellowship to a new institution, if the ICSSR approves it. The institution, however, shall be responsible for submitting the audited statement of accounts and utilization certificate to the extent of the fellowship received.

On completion of the fellowship, the institution may take possession of books/periodicals/equipment purchased out of the contingency grant from the scholar and depositing the unspent amount to the ICSSR.

Signature of the Director of the Institute /

 Registrar

 (with name and stamp)

Place: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the applicant)

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_