

INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
Application for Special Call for Short-term Empirical Research 2023-24

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 Passport Size
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Research theme as per ICSSR list (Refer guidelines)	
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Individual Study

I. Personal Information of the Project Director
 (Fill the form in Capital Letters)

1	Name		
2	a. Address for communication b. State c. Mobile No. d. Email ID		
3	Permanent Address		
4	Date of Birth (DD/MM/YYYY) Age as on last date of application.	____ / ____ / ____ , ____ Years ____ Months	
5	Mother's Name		
	Mobile Number		
	Email ID		
6	Father's Name		
	Mobile Number		
	Email ID		
7	Are you in Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes:	Designation: (Professor / Associate Professor / Assistant Professor / Others) Employer's details Name: Address: Contact Number: Email ID: Website:	

	If No:	Last Designation: (Professor / Associate Professor / Assistant Professor / Others) Last Employer's details Name: Address: Contact Number: Email ID: Website:																	
8	Indicate your category	<table border="1"> <tr> <td>GEN</td> <td></td> <td>SC</td> <td></td> <td>ST</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Male</td> <td></td> <td>Female</td> <td></td> <td>Transgender</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Persons with Benchmark Disability</td> <td>Yes</td> <td>No</td> <td></td> </tr> </table>	GEN		SC		ST		Male		Female		Transgender		Persons with Benchmark Disability	Yes	No		
GEN		SC		ST															
Male		Female		Transgender															
Persons with Benchmark Disability	Yes	No																	
9	Whether received any financial assistance from ICSSR Yes/No If 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/No If 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. Affiliation Details of the Project Director

Name & Address of the Affiliating Institution (website including phone number, email ID)	
Type of Affiliating Institution	Institute of National Importance <input type="checkbox"/> Central University <input type="checkbox"/> State University <input type="checkbox"/>

	Govt. funded Institutions	<input type="checkbox"/>
	ICSSR Regional Centre	<input type="checkbox"/>
	ICSSR Research Institute	<input type="checkbox"/>
	Private Institutions with UGC 12(b) status	<input type="checkbox"/>
	Any Other	<input type="checkbox"/>

III. Educational Qualifications of the Project Director

<i>Name of Degree</i>	<i>Name of the University</i>	<i>Year of Passing</i>	<i>% of marks</i>	<i>Main Discipline</i>
Master's				
M. Phil.				
Ph. D.				
Post-Doctoral				

IV. Research Output of the Project Director

a. Experience

	Number	Brief Detail (Title and supporting Institution)
Projects Completed (Maximum 5)		
Ongoing projects, if any (with completion date)		
Fellowships		
Ph.D. Guidance		
M.Phil. Guidance		

b. Participation in Research Projects (also mention under which capacity)

1	
2	
3	
4	

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

<i>Sl. No.</i>	<i>Title of the Article</i>	<i>Name of the Journal, Place of Publication and Frequency</i>	<i>Month, Year and Volume of Publication with Page Nos.</i>	<i>Is the Journal Scopus Indexed / UGC CARE listed? (Yes/No)</i>

d. Any other important Research Achievement (approx. 100 words)

V. Details of Co-Project Director for the proposed research (maximum 2)

Name and Address with contact details Mobile No/email ID	Present Position	Institution

VI. Research Project Proposal

(1). Title of the Research Proposal _____

(2). Abstract (approx. 300 words)

(3). Introduction of the Proposed Study (approx. 400 words)

(4). Major Research Works Reviewed: 1) International and 2) National. Not less than 15 to 20 important works (approx. 600 words)

(5). Identification of Research Gap (approx. 300 words)

(6). Objectives of the Proposed Study (approx. 200 words)

(7). Major Research Questions / Hypotheses (approx. 200 words)

(8). Proposed methodology for the research work (approx. 400 words)

(9). Sample size for the research Study (*The indicative sample size for each individual study would be 400 to 500.*)

(10). Innovation/path-breaking aspects of the Proposed Research (150 to 200 words)

(11). Expected Output such as books, policy papers, documents, datasets etc. with proposed timeline (300 words)

(12). Details of data sets to be generated (100-150 words)

(13). Relevance of the proposed study for policy making (approx. 200 words)

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

(15). Milestones set for each month (100 words):

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

(16). Total Grant expected for this study (In Rs.)

(17). Proposed budget of the study under expenditure heads with justification

Heads of Expenditure	Number	Months	Rate	Amount
1. Research Staff				
(a) Research Associate				
(b) Research Assistant				
(c) Field Investigator				
2. Field work				
3. Workshop to disseminate the outcomes of the project				
3. Equipment and study material				
4. Contingency				
Total				
Affiliating Institutional overheads (over and above the total cost) (Affiliating Institutional overheads @ 7% of the approved budget.				

(18). Justification of different heads of budget (write in 30 words each)

1. Research Staff

2. Field work

3. Equipment and study material

Declaration

I hereby declare that:

1. I am not a defaulter of any previous ICSSR grant.
2. I have neither been subjected to any disciplinary action nor found guilty of any offence in my career.
3. The Research Proposal and its contents are entirely original and as per the standard ethical practices.
4. I have not concealed any information in my application. If ICSSR finds any contrary information at any stage, it may cancel the study out rightly and/or impose any penalty as it deems fit.

Place:

Date:

Signature of the Project Director

Annexure/Checklist (in the given order)

1. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.
2. CV of all Researchers (PD and Co-PDs) with their signatures and consents in writing (Brief CVs, not more than two to three pages each).
3. Self-attested SC/ST certificate or certificate of disability issued by the competent authority, if required.

Forwarding Letter by the Head of Affiliating Institution/University

The In-charge,
Research Projects (RP) 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 Research Project.

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 short-term empirical Research Project. We shall open and maintain a dedicated bank account duly registered at PFMS portal for release of the ICSSR Research Grant (Scheme Code-0877) without any delay. (Please refer notification given on ICSSR website – www.icssr.org).

If the scholar undertaking the short-term empirical Research Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Project to a new institution, subject to the approval of the ICSSR. 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 Project, the institution will ensure that all books/periodicals/equipment etc. purchased out of the project grant by the scholar are deposited with us as the affiliating institution. We would also acknowledge the receipt of books/periodicals/equipment etc. from ICSSR in our records or book entries, and communicate the same to ICSSR, New Delhi.

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

Place: _____ Name: _____

Date: _____ Designation: _____

(Signature of the Project Director)

Name _____