

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**  
**Application for Major/Minor Research Projects (2023-24)**

**Paste Your  
Passport  
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Here**

**Apply under:**

**Major\***

*(Proposals with budget up to Rs.25 lakh)*

**Minor\***

*(Proposals with budget up to Rs.10 lakh)*

<b>Broad research discipline as per ICSSR list (Refer Clause 1.1 of guidelines)</b>	
<b>Title of the Research Proposal</b>	

**I. PERSONAL INFORMATION**

<b>1.</b>	<b>Name of the Applicant (as mentioned in official records of your Institution)</b>	
<b>2.</b>	<b>a. Address for Official communication</b> <b>b. Mobile No.</b> <b>c. Email ID</b>	
<b>3.</b>	<b>Permanent Address</b>	
<b>4.</b>	<b>Date of Birth (DD/MM/YYYY)</b>  Age as on last date of application.	____ / ____ / ____ ,  ____ Years ____ Months
<b>5.</b>	<b>Mother's Name</b>	
	Mobile Number	
	Email ID	
<b>6.</b>	<b>Father's Name</b>	
	Mobile Number	

	Email ID																		
	<b>Are you in Service?</b>	* Yes * No																	
	<b>If yes ---</b>																		
	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:																		
<b>9.</b>	<b>Indicate your category</b>	<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></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																
<b>10.</b>	<b>Whether received any financial assistance from ICSSR</b>																		
	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	_____																	

	<p><b>Whether received any financial assistance from any other institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc.</b></p> <p>Yes/No</p> <p>If yes:</p> <p style="padding-left: 40px;">Name of the Award/Scheme _____</p> <p style="padding-left: 40px;">Year of Award _____</p> <p style="padding-left: 40px;">Amount sanctioned _____</p> <p style="padding-left: 40px;">Date of Completion, if completed _____</p> <p style="padding-left: 40px;">If incomplete, likely date of completion _____</p> <p style="padding-left: 40px;">Duration of extension taken, if any _____</p>
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## II -Educational Qualifications of the Project Director

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

## III-Research Experience of the Project Director

	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		

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

Sl 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 /UGC CARE listed? (Yes/No)


Participation in Research Projects (also with capacity)	1.
	2.
	3.

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

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**IV-Affiliation Details**

<b>Name &amp; Address of the affiliating institution</b> <i>(website including phone number, email ID of Registrar/Principal/Director)</i>		
<b>Type of affiliating institution</b>	Institute of National Importance	<input type="checkbox"/>
	Central University	<input type="checkbox"/>
	State University	<input type="checkbox"/>
	ICSSR Regional Centre	<input type="checkbox"/>
	ICSSR Research Institute	<input type="checkbox"/>
	ICSSR Recognised Institute	<input type="checkbox"/>
	UGC Recognized Indian University/ Deemed University	<input type="checkbox"/>
	Govt. funded Institution	<input type="checkbox"/>
	Affiliated College/Institution under UGC (2)F/12 (B)	<input type="checkbox"/>
	Any other Institution under UGC (2)F/12 (B)	<input type="checkbox"/>

**V-Details of Project Co-Directors (if any, Maximum 3)**

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

**VII- Project Proposal**

**(i) Title of the Research Proposal** \_\_\_\_\_

**(ii) Abstract (approx. 300 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. 600 words)**

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

**(vi) Objectives of the Proposed Study (approx. 200 words)**

**(vii) Major Research Questions / Hypotheses (approx. 200 words)**

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

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

**(x) Expected Output 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. 200 words)

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

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(xiv) Milestones set for each successive quarter of the study (100 words):

First Quarter/Second/Third/Fourth/Fifth/Sixth/Seventh/Eighth (Depending on the proposed duration of the study)
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(xv) Budget and Duration (*please see Guidelines at 5.3 for proportionate Limit of a head*)

<b>Total Grant expected under the scheme (In Rs.)</b>	
<b>Duration Proposed (months)</b>	
<b>Number &amp; Names of the States your study covers:</b>	

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

<b>Heads of Expenditure</b>	<b>Number</b>	<b>Months</b>	<b>Rate</b>	<b>Amount</b>
1. Research Staff				
(a) Research Associate				
(b) Research Assistant				
(c) Field Investigator				
2. Field work				
3. Equipment and study material				
4. Contingency				
<b>Total</b>				
5. Publication of report - approx.5-7%				

(The allocation for publication amount will be retained by the ICSSR for publication of the final report if it is found to be high quality by the expert/experts appointed by the ICSSR)				
<b>Grand Total</b>				
Affiliating Institutional overheads over and above the grand total (Affiliating Institutional overheads @ 7.5% of the approved budget, subject to a maximum upper limit of Rs.1,00,000/-)				

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

1. Research Staff

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2. Field work

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3. Equipment and study material

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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 Candidate**

**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 Programme/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 Research Programme/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](http://www.icssr.org)).

If the scholar undertaking the Research Programme/Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Programme/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 Programme/Project, the institution will make sure 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 applicant)

Name \_\_\_\_\_