



Application Form

Visit of Scholar under Cultural Exchange Programme

Applicants should read the general guidelines mentioned in the booklet before completing this application form

Personal Data

Full Name (<i>as it appears in the Passport</i>)			
(Surname)	(First Name)	(Middle name/Initials)	
Sex: Male <input type="checkbox"/>	Date of Birth	Date	Month
Female <input type="checkbox"/>		<input type="text"/>	<input type="text"/>
		Year	<input type="text"/>
Place of Birth	State	Nationality	
Passport No.	Place of issue	Valid up to	
Present designation:		Since when?	
Institutional address:		Tele:	
		Fax:	
		E-mail:	
Address for correspondence:		Tele:	
		Fax:	
		E-mail:	

Academic Profile

Degrees Obtained (Please indicate Organisation/Institute/year of award): ***Starting with most recent***

Degree /Discipline	Department	Institution/University	Year of award

Last Two Postings (Please indicate Organisation/Institute/Designation/Period):

Designation	Organisation	From	To

Record of Research/Scholarly/Creative Achievements (Please attach a separate sheet, do not exceed two pages):

(Outline relevant and significant contributions (authored and co-authored articles, books, book chapters, book reviews), works in press, research reports and papers, etc.) Start from most recent.

Country to be visited for the present research work:

Please indicate the level of proficiency in the language of the country proposed to be visited.	Language	Reading	Writing	Speaking
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detail of previous visits, if any (Please specify year, purpose & names of sponsoring organisations):

Year	Purpose	Sponsoring Organisation(s)

Funding Organisation(s) for this Research:

Have you received any assistance from UGC/ICHR/ICPR for this proposed to visit?
(Please tick) Yes No

(If Yes, please Specify Organisations. If No, then skip this column)

UGC ICHR ICPR

Any other (Please specify)

When have you received any financial assistance from ICSSR under any of its programmes to visit abroad? Yes No

(If yes, fill the table, if it is no skip to next column)

(Specify, Programme, Country Visited, Year, Status of Final Report)

Programmes	Country/(s) Visited	Year	Status of Final Report
CEP			
Data Collection			
Conference			
Research Project			
Fellowship			

Output of this Research (Please specify whether you intend writing a report or a book):

Report	Book	Any Other (Specify)

Tentative Date of Completion of the Proposed Work:

I hereby certify that the above information provided is correct to the best of my knowledge.

Place :

Signature of the Applicant

Date :

Enclosure (s):

Application should be addressed to:

**The Director
International Collaboration
Indian Council of Social Science Research
JNU Institutional Area, Aruna Asaf Ali Marg
New Delhi 110 067**