

Application Form

Visit of Scholar under Cultural Exchange Programme

(Applicants should read the general guidelines
before completing this application form.)

Personal Data

Full Name (as it appears in the Passport)			
(Surname)	(First Name)	(Middle name/Initials)	
Sex:	Date of Birth		
Male <input type="checkbox"/>	Date	Month	Year
Female <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth	State	Nationality	
Passport No.			
Date of issue	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 Organization/Institute/year of award):
Starting with most recent

Degree /Discipline	Department	Institution/University	Year of award
Ph. D			
M. Phil			
P.G.			

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

Topic of your research for which the visit is required (please enclose two copies of proposals of about 3000 words in A4 size paper):

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"/>

Suggestions for organizing your programme (please attach a separate sheet giving, in order or priority, the names of the persons you would like to meet and organizations with address and telephone numbers if possible you would like to visit:

Contacts already made (please attach copies of correspondence already exchanged with persons/institutions in connection with the organization of your proposed visit):

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:

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

Year	Purpose	Sponsoring Organization(s)

Funding Organization(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			

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