

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**  
**Application Form for Institutional Doctoral Fellowship**

**Paste Your  
 Passport  
 Size  
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 Here**

**Name and Address of the Institute:**

Nabakrushna Choudhury Centre for Development Studies,  
 P.O.-R.R.L. Campus, Institutional Area, Bhubaneswar-751013, Odisha

<b>Broad Discipline</b>	Economics	Sociology	Social Anthropology
(Put Tick mark (✓) on the right site of your broad discipline above)			

**I. Personal Information**

<b>1.</b>	<b>Name of the Applicant</b>																		
<b>2.</b>	<b>a. Address for 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>  <b>Age as on Last Date of application</b>	____/____/____  ____ 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>7.</b>	<b>Indicate your category</b>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">GEN</td> <td style="width: 25%;"></td> <td style="width: 25%;">SC</td> <td style="width: 25%;"></td> <td style="width: 25%;">ST</td> <td style="width: 25%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 33%;">Male</td> <td style="width: 33%;"></td> <td style="width: 33%;">Female</td> <td style="width: 33%;"></td> <td style="width: 33%;">Transgender</td> <td style="width: 33%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Persons with Benchmark Disability</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"></td> <td style="width: 10%;">No</td> <td style="width: 10%;"></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																

<p><b>8.</b></p>	<p><b>Whether received any financial assistance from ICSSR in the past</b>          Yes/No          If yes:          Name of the Award/Scheme _____          Year of Award _____          Amount sanctioned Rs. _____          If completed, Date of Completion, _____          If delayed, Reasons thereof for delay _____          If incomplete, proposed date of completion _____          Duration of extension taken, if any _____</p>
<p><b>9.</b></p>	<p><b>Whether received any financial assistance from any other public funded institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc.</b>          Yes/No          If yes:          Name of the Award/Scheme _____          Year of Award _____          Amount sanctioned _____          If completed, Date of Completion, _____          If delayed, Reasons thereof for delay _____          If incomplete, proposed date of completion _____          Duration of extension taken, if any _____</p>
<p><b>10.</b></p>	<p><b>Details of Ph.D. Registration</b>          Name and address of the University _____            Department _____    <b>Date of confirmed Registration</b> _____    <b>Last Date of Submission of Thesis</b> _____</p>
<p><b>11.</b></p>	<p><b>Name of the Supervisor</b> _____</p>
	<p>Designation _____</p>
	<p>Address of the institution _____</p>
	<p>Mobile Number _____</p>
	<p>Email ID _____</p>
	<p>Area of Specialization of Supervisor _____</p>

## II. Educational Qualifications and Academic Achievements

Name of Degree	Name of the University/ Organization	Year of Passing	% of marks	Division	Main Subjects
B.A.					
Master's					
M Phil					
JRF/NET					
SLET					

### Topic of Ph.D. Thesis:

(The Ph.D. topic must be confirmed, any substantial change in the topic afterwards may result in cancellation of fellowship)

### Papers in Journals / Edited Books / Reports Published etc. (Details of best 5)

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 and UGC CARE list? (Yes/No)

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

## III-Affiliation Details

<b>Name &amp; Address of the affiliating institution</b> (including website, phone number, email ID)		
<b>Type of affiliating institution</b>	ICSSR Research Institute Institute of National Importance Central University State University College having Ph.D. Programme Deemed University Public funded research institute having Ph.D Programme	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

#### **IV. DETAILS OF THE RESEARCH PROPOSAL**

**(Please refer to the Research Proposal Format in the Guidelines for details)**

**(i) Title of the Research Proposal:**

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

**(iii)Introduction of the Research Proposal (approx.300 words)**

**(iv) Major Research Works Reviewed on the topic: 1) International and 2) National. Not less than**

**20 important works (approx.400 words)**

**(v) Identification of Research Gaps (approx. 200 -300 words)**

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

**(vii) Research Questions/Hypothesis (approx. 250-300 words)**

**(viii) Methods/Framework proposed for the research (approx.300 words)**

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

**(x)Proposed Outcomes such as papers in journals, edited book/(s), book, policy papers, document, dataset etc.with proposed timeline and proposed places of publication (150 words)**

**(xi)Any new data to be generated where data deficiency is being felt?(approx.100 words)**

**(xii)Expected Contribution of the study to existing body of knowledge (approx.100 words)**

**(xiii) Relevance of the study for society (approx.100 words)**

**(xiv) Implications of the Study for Policy-making (approx.100 words)**

**(xv) Expected duration of the work with Quarterly Timelines (approx. 200 words):**

### **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 pertains to as per the standard ethical practices.
4. I have not concealed any information in my fellowship application. If ICSSR finds any information contrary at any stage, it may cancel my fellowship out rightly and/or penalize me as per ICSSR rules.

Place:

Date:

**Signature of the Candidate**

### **Annexures/Checklist (in the given order) to be attached to the application at the time of online as well as hard copy submission**

**Annexure A:** The scanned and self-attested copies of following certificates must be attached:

- (i) Ph.D. Registration Certificate
- (ii) Age Certificate/SSC Certificate having Proof of Age
- (iii) SC/ST/Persons with Disability Certificate
- (iv) JRF-NET/SLET Certificate
- (v) Master's Degree Certificate and Mark-sheet
- (vi) Under-Graduate Degree Certificate and Mark-sheet

**Annexure B:** Forwarding Letter from the Supervisor (in format attached)

**Annexure C:** Forwarding Letter from the University (in format attached)

## Forwarding Letter by the Supervisor of Doctoral Scholar

The In-charge  
RFD Division  
Indian Council of Social Science Research (ICSSR)  
JNU Institutional Area  
Aruna Asaf Ali Marg,  
New Delhi 110067

I \_\_\_\_\_ (name of supervisor) hereby certify that I am working as \_\_\_\_\_ at \_\_\_\_\_.

I am an approved Ph.D./ PDF Supervisor of the Institute / University and have been supervising such Ph.D. / PDF research work for last \_\_\_\_\_ years.

I have so far supervised / guided \_\_\_\_\_ Ph.D. works and \_\_\_\_\_ PDF Research studies. Currently, \_\_\_\_\_ number of scholars are registered under my supervision for Ph.D. degree and \_\_\_\_\_ for PDF research Studies.

I have read the application details of \_\_\_\_\_ (name of scholar) for Doctoral Fellowship of Indian Council of Social Science Research, New Delhi.

I hereby verify the authenticity of all the details of the application / research proposal filled / submitted by him / her.

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

(Signature of the applicant)

Place: New Delhi

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

Signature of the Supervisor

(with name and stamp)

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

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

Official Address: \_\_\_\_\_



**Forwarding Letter by the Affiliating Institution**  
(By Head of the University / College / Institution)

Dated:

The In-charge,  
RFD 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 and Department of the applicant) for ICSSR Doctoral Fellowship.

We agree to administer the funds, provide basic research infrastructure and provide the 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://www.icssr.org)).

The affiliating institution will be under obligation to ensure submission of the Ph.D. thesis and an audited Statement of Accounts and Utilization Certificate with respect to admissible grant, (in the prescribed GFR-12A) duly certified by the competent authority including the refund of any unspent balance, within six months of the thesis submission.

In case a scholar leaves / discontinues his fellowship before completion of fellowship tenure, the affiliating institution shall immediately inform ICSSR, settle the accounts including the refund of any unspent balance within six-months of submission.

If ICSSR has approved of the transfer of fellowship to some other institution after part of the sanctioned fellowship has been received, then, the institution shall immediately submit the audited Statement of Accounts and Utilization Certificate in GFR-12A to the extent of the grant received and refund the unspent amount to ICSSR / transfer to the new institution.

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

(Signature of the applicant)

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

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

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

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

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