

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

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Name and Address of the Institute:

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

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

I. Personal Information

1.	Name of the Applicant																		
2.	a. Address for communication b. Mobile No. c. 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.	Indicate your category	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 15%;">GEN</td> <td style="width: 15%;"></td> <td style="width: 15%;">SC</td> <td style="width: 15%;"></td> <td style="width: 15%;">ST</td> <td style="width: 15%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 25%;">Male</td> <td style="width: 25%;"></td> <td style="width: 25%;">Female</td> <td style="width: 25%;"></td> <td style="width: 25%;">Transgender</td> <td style="width: 25%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">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																

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

<p>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) The topic must be same as the Title of Research Proposal in Section IV(i)</p>	
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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 or in UGC CARE list? (Yes/No)

Any other important Academic Achievement (approx. 100 words)

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III-Affiliation Details

IV. DETAILS OF THE RESEARCH PROPOSAL

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

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

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

Annexure C: Forwarding Letter from the Affiliating University/Institution (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 in the year 2022-23.

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).

The affiliating institution will be expected to:

- A. Release the sanctioned fellowship grant released by ICSSR to the scholar, immediately.
- B. 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 one year.
- C. In case a scholar leaves / discontinues his fellowship before completion of fellowship tenure, the affiliating institution shall inform ICSSR within 15 days and settle the accounts including the refund of any unspent balance within three months.
- D. 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 within three months.

Name: _____

(Signature of the applicant)

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

Place: _____

Name: _____

Date: _____

Designation: _____