

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
NORTH-WESTERN REGIONAL CENTRE, CHANDIGARH**

Ministry of Education (Govt. of India)

Phone: (+91) (172) 2534040

APPLICATION FOR FINANCIAL ASSISTANCE UNDER STUDY GRANT

Passport
Photo

(Maximum period of 30 days in a year (Visiting Libraries to Collect Material for Research))

1. Full name of the Scholar (in Block letters): _____

Designation: _____ Discipline: _____

Mailing Address: _____

_____ Pin code _____

Phone/ Mobile number: _____ E-mail (in capitals): _____

2. Date of Birth: _____

3. Educational Record (of all university examinations):

Examination	University	Year	Class	Marks(%)	Subjects	Rank(if any)

4. (a) Date of Registration for Ph.D: _____

(b) University/Institution of Registration : _____

(c) Name and Designation of the Supervisor/Guide: _____

(d) Approved Research Theme: _____

5. Centre (s) / Libraries to be Visited (name and address):

(i)

(ii)

(iii)

(iv)

6. Duration of the Proposed Visit: From: _____ To: _____

7. Details of the **Study Grant** awarded by any Regional Centre of the ICSSR in past 3 years, if any: _____

8. Details of financial assistance applied for/received from the ICSSR under other Schemes such as Fellowships, Contingency Grants, etc (in the last three years) _____

9. Details of financial assistance applied for / being received from agencies other than ICSSR, such as Universities, U.G.C. etc. in last three years. _____

13. I Hereby Declare that:

- ☐ I have read the rules governing the scheme and shall abide by them.
- ☐ I am at present not getting any financial assistance from the ICSSR, University, U.G.C. or from any other agency for the purpose of the intended visit.
- ☐ The material required by me is not available in the libraries of the city / town where I am residing / working.
- ☐ I have/have not been previously awarded a Study Grant by the ICSSR.
- ☐ The information given in the form is true and correct.
In the event of any information being found to be false, the application may not be considered.

Date :

Signature of Applicant

Certificate of the Registrar of the University/Head of the Institute/Department:

(i) *Shri/Shrimati/Kumari is registered for Ph.D. at

.....
for the topic mentioned in this application. The date of registration is.....
and the name of his/her Supervisor/Guide is

(ii) The application of Shri / Shrimati / Kumari is forwarded for consideration. It is certified that the information given in the application has been found to be correct.

**Signature of the Registrar/Head of the Institution/Department
(With Rubber Stamp)**

Important Note:

The application for Study Grant will be considered only if it is accompanied by the following documents::

- (i) Detailed elaboration of the Research Proposal: scope, objectives and the methodology, etc.

- (ii) Progress of the work already done on the Research Proposal (with recommendation of Supervisor/Guide.
- (iii) Certified copy of the Registration Certificate for Ph.D.
- (iv) List of publications to be consulted.
- (v) In case Study Grant has been accepted previously by any of the ICSSR Centre's, please also enclose a detailed report of the work (duly approved by the Supervisor) accomplished during the Study Grant.
- (vi) Any other information which the scholar may like to give in support of the application.