



**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
SOUTHERN REGIONAL CENTRE**
Ministry of Education, Govt. of India
Hyderabad

**APPLICATION FORM
Application for the Study Grant
(For Visiting Libraries to Collect Material for Research)**

**Passport
Photo**

Name of the Applicant	
Mailing Address (With Pin code):	Mobile : Telephone: E-mail:
Date of Birth	
Gender (Tick)	Male / Female/ Transgender
Category (Tick one or more boxes, as applicable. Enclose relevant certificates)	GEN / BC / SC / ST / Person with Disability
Educational Record: <u>Examination Passed</u> <u>University</u> <u>year</u> <u>Marks (%) / Grade</u> <u>Subjects</u>	

Date and Year of Registration of Ph.D.	
University / Institution of Registration :	
Approved Research Title:	
Name and Designation of the Supervisor /Guide	
Mailing Address of the Supervisor	<p>Mobile :</p> <p>Telephone:</p> <p>E-mail:</p>
Are you availing any type of fellowship (ICSSR, IPE, UGC, Rajiv Gandhi National Fellowship and Non-NET etc.)	Yes/No, If No, Enclose the Certificate obtained from the Head of the Department
Libraries to be Visited (name and address):	(1) (2) (3)
Duration of the Proposed Visit	From Date : to To Date :
Have you availed Study Grant from ICSSR-SRC in past 3 years.	Yes/No

The applicant needs to upload the following documents in PDF Format: List of Enclosures

S. No.	Details of the Enclosure	
	PhD joining Report along with Order Copy	Yes/No
	Pre – PhD/Course work Pass Certificate	Yes/No
	Synopsis of the PhD work	Yes/No
	Community certificate in case of a candidate belonging to BC/SC/ST/Physically challenged	Yes/No
	Certificate from the Head of the Department/ Institute with regard to Non-Receipt of any Fellowship (ICSSR, UGC, Rajiv Gandhi National Fellowship, Nehru Memorial Library and Non-NET etc.)	Yes/No
	Justification letter from the Supervisor with regard to visit of different Universities as mentioned in the application.	Yes/No
	The Progress Report on the work already done on the Research Proposal duly signed by the Supervisor and the head of the Department/Institution	Yes/No
	Any Other	
	Total Number of Enclosures	

I Hereby Declare That :

I have read the rules governing the scheme and shall abide by them.

The material required by me is not available in the libraries of the city / town where I am residing / working.

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.

Signature of the Applicant

Date

Name (block letters)

Designation:

Address:

Certificate of the Registrar of the University / Head of the Institution/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.....

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)

Date

Name (block letters)

Designation:

Address:

The Applications filled in all respect need to be submit to the below address:

The Honorary Director
ICSSR, Southern Regional Centre
(Ministry of Education, Govt. of India)
2nd Floor, New Building, OUCIS Premises
Adjacent to OUCIS
Osmania University Campus
Hyderabad – 500007