POST DOCTORAL FELLOWSHIP (PDF), 2021-2022

Application Form

| Ad | Advertisement/Notification No*: | | | | Date: | |
|-----|---|---------------------|--|-------------|---------|--|
| To | dress your application to: , The Member Secreta Indian Council of H 35, Ferozeshah Road New Delhi - 110 001 | se Ph at w | ffix your latest If attested notograph and tach another ith application rm. | | | |
| | A. PAYMENT IN | FORMATION | | | | |
| | Demand Draft No*. | Amount * | Issuing Bank * Bra | nch * | Date * | |
| | B. PERSONAL D | DETAILS: | | | | |
| | Name (in capital Lette (As per SSC Certificate) Gender *: Male/Fen | | dor | | | |
| 3. | Date of Birth *: DD (As per SSC Certificate) | | ACI | | | |
| 4. | Name of Father *: | | | | | |
| 5. | Name of Mother *: | | | | | |
| 6. | Nationality *: | | | | | |
| 7. | Address for Commu | nication *: | | | | |
| | House No: | | Street/Locality *: | Lan | dmark*: | |
| | City *: | | State *: | Pin | Code *: | |
| 8. | Permanent Address | *: | | | | |
| | House No: | | Street/Locality *: | Lan | dmark*: | |
| | City *: | | State *: | Pin | Code *: | |
| 9. | Email ID *: | | | | | |
| 10. | Contact No: Landlin | ne: | Mobile*: | | | |
| 11. | Do you belong to S If yes, please specify th | | *. | | Yes/No | |
| | | | ory/Caste/Tribe Certificates from appropriate | authority*) | | |

| 12. | Are vo | ou Phy | sically | Challe | nged? | *. |
|-----|--------|--------|---------|--------|-------|----|
| | | | | | | |

Yes/No

If yes, please specify: (i) Visually Impaired ii .Cerebral Palsy iii. Orthopedically Challenged (*Please attach self-attested copy of the Certificates from appropriate authority**)

13. Language Skills; Reading, Writing, Speaking:

14. Present Occupation:

If employed, give the details:

| Present Position Held | Organization | Nature of Employment | From (date) | Basic Salary |
|-----------------------|--------------|--|-------------|--------------|
| | | (Permanent/Temporary/Part Time/Contractual) | | |
| | | | | |
| | | | | |
| | | | | |

C. ACADEMIC DETAILS:

15. Details of Ph. D. Degree:

| Title | Date of award of degree | Name & designation of the Supervisor | Name of the University with related state/UT |
|-------|----------------------------|--------------------------------------|--|
| | | | |

 $Note: The\ candidate\ shall\ carry\ a\ copy\ of\ Ph.D.\ thesis\ at\ the\ time\ of\ Presentation-cum-Interview.$

16. Other Research/Teaching Experiences, if any:

17. No. of Published Research Papers, if any:

Note: Please attach Published Research Papers and their details along with title in a separate sheet with application form.

D. PROPOSAL DETAILS FOR POST DOCTORAL FELLOWSHIP (PDF):

| Title (Please attach five copies of synopsis*) | Specialization (Ancient/Medieval/ Modern) | (Ancient/Medieval/ | Name and Designation of the Supervisor | Name of the Institution of Affiliation |
|---|---|--------------------|---|---|
| (, | | | (Please attach Recommendation/consent Letter) | (Please attach Affiliation Letter) |
| | | , | | |
| | | | | |
| | | | | |

Note: Submit a detailed proposal in the following format:

- Statement of the Problem
- State of Knowledge in the Field
- Review of other releated works done on the subject
- Research Questions
- Research Objectives
- Research Methodology
- A tentative chapter design
- Bibliographical note with a list of primary sources to be consulted
- Knowledge of Language(s) of the sources

| | DETAILS |
|--|---------|
| | |

- 18. Whether the applicant has/had applied for financial support elsewhere for the same Research Proposal: YES / NO (If yes, specify the funding agency approached*)
- 19. Details of financial assistance received for the present research work from ICHR or any other sources:
- 20. Scholarship/fellowship previously received/receiving (if any) from ICHR or any other organizations:

 YES / NO
 (If yes, please give the details and attach Completion Certificate*)

| Name of Scholarship/Fellowship with File Number | Value/Grant | Whether the work for which fellowship/ scholarship was awarded has been completed |
|---|-------------|---|
| | | |

I DECLARE THAT:

- The statements made by me in this form and the documents that are attached are true to the best of my knowledge.
- I have read the rules concerning the award of research fellowships of the Indian Council of Historical Research and I agree to abide by them, if a fellowship is awarded to me. I shall refund to the ICHR the funds made available to me, if I fail to report the progress of my work every 6 months, or if I fail to carry out the work of research properly or if it is not completed.
- I am not in receipt of any other financial assistance/salary from any other source for the topic cited above.
- If selected, I will work on a whole-time basis for the Fellowship, submit 6 monthly progress reports and will not accept any other fellow ship or financial assistance or employment.
- Should I decide to discontinue the fellowship without completing the Research work I shall refund the entire
 amount (fellowship plus contingency grant) received for the purpose.

| Date * | Signature * |
|---------|-------------|
| Place * | |

Enclosure's Check List: (Please mark/tick to given below checklist)

- 1. Ph.D. Award Letter/Certificate
- 2. Date of Birth Certificate
- 3. Category Certificate
- 4. Bio-Data
- 5. Supervisor Recommendation Letter
- 6. University/Institution Affiliation Letter
- 7. Research Proposal/Synopsis for PDF (in five copies) as per notification
- 8. Copy of Ph.D. thesis/dissertation

Note:

• The scholar must send an electronic version of his/her research proposal in MS Word and PDF format along with his/her application, on adr.pdf@ichr.ac.in before **16-08-2021.**