

APPLICATION FORMAT FOR ICMR JUNIOR RESEARCH FELLOWSHIP  
PROGRAMME (FOR ICMR- **JUNIOR RESEARCH FELLOW**)

INDIAN COUNCIL OF MEDICAL RESEARCH

V.RAMALINGASWAMI BHAWAN ANSARI NAGAR,  
W.POST BOX 4911, NEW DELHI-110029

- NB: a) The application should be typed (except item 5, which should be filled by hand).  
b) All answers should be given in words and not be dashes.  
c) Strike off those statements, which are not applicable.  
d) The application in duplicate is to be sent to Director General, (Attention: Head, HRD), Indian Council of Medical Research, V. Ramalingaswami Bhawan, Post Box No. 4911, New Delhi -110029

1. GENERAL INFORMATION

Name (in Block Letters) : \_\_\_\_\_  
Underline surname

Year of passing : \_\_\_\_\_

Roll No. : \_\_\_\_\_

Postal address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address : \_\_\_\_\_

Phone number : \_\_\_\_\_

Permanent address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth : \_\_\_\_\_

Duration of fellowship desired : \_\_\_\_\_

State whether you are at present in receipt of any stipend or fellowship from your Institute, or from any other source. If so, state the nature : \_\_\_\_\_  
\_\_\_\_\_

of the fellowship amount and the source of receipt

\_\_\_\_\_

Particulars of other fellowships, if any, applied for with dates and names of agencies

: \_\_\_\_\_

\_\_\_\_\_

Particulars of ICMR fellowships, if any, applied/availed in the past (Quote ICMR Ref. No.)

: \_\_\_\_\_

\_\_\_\_\_

List of fellowships in India and abroad so far availed, indicate name of Agency, university, with date. A brief account of work done on each fellowship may be enclosed in a separate sheet

: \_\_\_\_\_

\_\_\_\_\_

Give names and address of two references other than the Guide

: \_\_\_\_\_

## 2. ACADEMIC RECORD:

List serially the particulars of all examinations passed from Matriculation/Higher Secondary onwards and enclose attested copies of certificates/degrees for each of the examinations passed and mark sheets for Graduate and Post Graduate University examinations passed. Explain gaps in study, if any, by indicating number of failures, attempt

Examination	Year of study From to	Name of school/ college / Univ	Class / Division	Aggregate Marks obtained	Distinction In subjects	Failure / Attempts Subjects And numbers	Subject of thesis, If any
Matric Higher Secondary Pre- Professional B.Sc. M.Sc. (State the subject) Any other Examination passed							

Note: State Medals, Scholarships, price and any other award, distinction or honour won during your University career.

### 3. PARTICULARS OF RESEARCH ON WHICH THE CANDIDATE DESIRES TO WORK:

1. Title of project \_\_\_\_\_

(a) Specialty covered by the Research work \_\_\_\_\_

(b) Nature of work-Clinical/Experimental Combined/Field Project (Strike off what is Irrelevant) \_\_\_\_\_

(c) State whether any travelling is involved in the programme of work. if so, state how the travel expenses will be met as no separate funds for travel are provided to the fellow

(d) Name and designation of the Guide under whom the candidate will work

(e) Name of Institution & University

(t) If fellowship is desired for any Degree work, indicate:

(i) Degree for which registered! wish to register \_\_\_\_\_

(ii) Title of project for thesis \_\_\_\_\_

(iii) Date of Registration \_\_\_\_\_

(iv) Date of Examination \_\_\_\_\_

Attach separately two copies of detailed plan of proposed work under the following headings:

1. Title of the Project
2. Name, designation and address of the Guide
3. Tenure of the study
4. Objectives
5. Present knowledge and relevant bibliography (please give here only the most relevant references complete with the authors name(s), title of the article, name of the Journal, year, volume and page number).
6. Methodology and Techniques (giving all relevant details like study design, selection of subjects experimental model, techniques study proforma etc.).
7. **What is aimed to be achieved by the study?**
8. **How is it likely to advance or add to the existing knowledge in relation to human health?**

### 4. DECLARATION BY THE CANDIDATE

1. I have gone through the Fellowship Rules and conditions of the award and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself for interview at my own expenses, if called upon to do so.
2. Certified that in the event of my being offered the Council's fellowship, I am prepared to give up my present stipend/fellowship salary/but not the leave salary.
3. Certified that I will be able to manage within the contingent grant allotted for the fellowship. I also certify that no non-expendable articles or equipment will be purchased by me.

Signature of the applicant

**5. TO BE FILLED BY THE RESEARCH GUIDE IN HIS OWN HANDWRITING:**

1. Major field of your specialization.
2. What are your current area(s) or Research?
3. The number and names of Research students including fellowships awarded by R&D Agencies (like ICMR, CSIR, DAE, ICAR DGHS, UGC, SMRC, Pharmaceutical companies etc.) currently being guided:
4. Titles of the research schemes including sponsored ones in hand:
5. Your opinion on the research potentiality of the candidate and relevance of the project to your field of interest:
6. I agree to accept the applicant \_\_\_\_\_ and offer him/her all facilities and guidance for carrying out research/training in the \_\_\_\_\_ Project \_\_\_\_\_ of \_\_\_\_\_ proposed by the applicant which has been drawn in consultation with me and has my approval. I also certify that the applicant will not receive any financial assistance from my side, for carrying out the work in my department.
7. Certified that the proposed project has not been submitted earlier in any shape.
8. Certified that the techniques to be employed in carrying out the work of the research project have been standardised.
9. Certified that the plan of work has been prepared in consultation with a Statistician (Strike out if not considered necessary).

Signature of the Guide  
Seal bearing designation &  
Address

**6. CERTIFICATE BY THE HEAD OF THE INSTITUTE:**

- i. I recommend \_\_\_\_\_ for the fellowship applied for and certify that, to the best of my knowledge he/she is eligible for it in all respects.
- ii. I certify that he/she will/will not receiving any stipend pay/allowance and financial assistance except leave salary from any source in case ICMR JRF is awarded.
- iii. I certify that the research proposal has been reviewed and recommended by the institute's academic committee.
- iv. I certify that all the equipment, laboratory and other facilities required for carrying out the proposed research project by the applicant are available in the Department/Institute and will be made available to the applicant.
- v. I undertake to send to the Council an audited statement of accounts along with the utilisation certificates as required in the Fellowship Rules.

Signature of the Head of the Institution  
(Seal bearing Designation & Address)

## 7. BIO-DATA OF THE GUIDE/CO-GUIDE\*

Name : Dr. Miss/Smt/Shri\* \_\_\_\_\_

Designation :

Address :

Phone number :

Email :

Date of birth :

First Name(s) :

Last Name :

Educational Qualification: Degrees obtained (Begin with Bachelor's Degree)

Degree	Institution	Field	Year
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1.

2.

3.

4.

5.

### Research/Training Experience:

Duration	Institution	Particulars of work done
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1.

2.

3.

4.

### Research specialization:

1.

2.

3.

4.

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\* *Strike out which is not applicable*