
Post Doctoral Fellowship (PDF)

Advertisement No*

Application For* ICHR Post Doctoral Fellowship (PDF)

Paste a self-attested passport size photograph in the space provided and attach another.

PAYMENT INFORMATION

DD/Bankers Cheque/Pay Order No. *

Amount *

Issuing Bank *

Branch *

Date *

Affix your latest
self attested
Photograph

PERSONAL DETAILS

1. Name (as per SSC certificate) *

2. Gender * Male / Female / Third Gender

3. Date of Birth * - [DD/MM/YYYY]

(as recorded in SSC or equivalent Certificate)

4. Name of Father *

5. Name of Mother *

6. Nationality *

7. Address for Communication * (House No)

Street/Locality *

City *

State *

Pin Code *

8. Permanent Address * (H.No)

Street / Locality *

City

State *

Pin Code *

9. Email ID *

10. Contact No: Landline Mobile*

11. Do you belong to SC/ST category * Yes No if yes, please specify

12. Are you physically challenged? * Yes No

(Please attach self-attested copy of the Category/Caste/Tribe certificates from appropriate authority)

13. ACADEMIC DETAILS

Topic of Ph.D.*

Date of award of degree *

State/UT of University *

Name of the University*

Is the University recognised by the University Grants

Commission, New Delhi? If yes, please state the relevant clause of the UGC

Other research experience, if any

Titles of published papers, if any

Language skills (reading, writing, speaking)

Present occupation (if employed, name of the employer)

Topic of proposed Post Doctoral Research * (enclose proposal).

Period of Research Topic - Ancient / Medieval / Modern

Name of Designation of the Supervisor

(Enclose the affiliation letter with application form)

Date of commencement of Post Doctoral Research

Submit a detailed proposal separately. The proposal should include:

- * Statement of the Problem
- *State of Knowledge in the Field
- *Research Questions
- *Bibliographical note with a list of primary sources to be consulted
- *Knowledge of Language(s) of the sources
- *A tentative chapter design

FINANCIAL DETAILS

(a) Basic Salary * (b) Allowances *

(c) Whether the applicant has/had applied for financial support else here for the same research proposal. If so, specify the funding agency approached.

(d) Details of financial assistance received for the present research work from ICHR or any other sources

Scholarship/fellowship previously received, if any, from ICHR or any other organizations:

Sources of Scholarship/Fellowship

Value

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 know ledge.
- 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 t o 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 report 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.

Signature *

Date *

Place *

(FORM TO BE SUBMITTED ONLY AFTER THE ADVERTISEMENT IS HOSTED ON THE WEBSITE)