**Application Form**

**INTACH Research Programme**

**2025**

**PLEASE NOTE**

This is a single application form for the three categories under which the fellowship/scholarships will be awarded. Candidates must answer only those questions that are relevant to their application category.

**CATEGORY OF APPLICATION**

Paste/ Insert Photo of Applicant 1

Paste/ Insert Photo of Applicant 2

(Not applicable for INTACH Research Fellowship category)

(Please tick the relevant box)

[ ]  **Research Fellowship**

[ ]  **Research Scholarship**

[ ]  **Capacity Building Research Scholarship**

**PERSONAL DETAILS** (Please fill all the details in BLOCK letters)

**Applicant 1:**

|  |  |  |
| --- | --- | --- |
| **Title (Mr./Mrs./Ms./Dr.):** | **First Name:** | **Surname:** |
| **DoB (dd/mm/yyyy):** | **Age:** | **Gender:** |
| **Type of Identity Proof:** | **Id No.:** |  |
| **Current Residential Address:** |
| **City:** | **State:** | **Pin Code:** |
| **Phone No:** | **Email ID:** |  |

**Applicant 2 (if any):**

(Not applicable for INTACH Research Fellowship category)

|  |  |  |
| --- | --- | --- |
| **Title (Mr./Mrs./Ms./Dr.):** | **First Name:** | **Surname:** |
| **DoB (dd/mm/yyyy):** | **Age:** | **Gender:** |
| **Type of Identity Proof:** | **Id No.:** |  |
| **Current Residential Address:** |
| **City:** | **State:** | **Pin Code:** |
| **Phone No:** | **Email ID:** |  |

**Emergency Contact Information:**

|  |  |
| --- | --- |
| **For Applicant 1** | **For Applicant 2 (if relevant)** |
| **Name:** | **Name:** |
| **City, State:** | **City, State:** |
| **Phone No.:**  | **Phone No.:**  |
| **Email ID:** | **Email ID:** |
| **Relationship to the Applicant:** | **Relationship to the Applicant:** |

**Any medical illnesses, if yes, please elaborate:**

**EDUCATIONAL QUALIFICATIONS**

**(**Applicants may add extra rows if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **University** | **Degree Awarded** | **Awarded in the year** | **Grades (%, CGPA) obtained** | **Subjects** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(For PhD Candidates only)

**Name of Institution:**

**Date of Joining:**

**Expected Date of Completion:**

**Details of Stipend/ Other Financial Assistance:**

**WORK EXPERIENCE**

**Current Designation:**

**Name of Organisation:**

**Roles and Responsibilities:**

**Details of Previous Experience** (list in chronological order)**:**

|  |  |  |
| --- | --- | --- |
| **Designation, Name of Organisation** | **Period Served** (State the month and year, for example, January 2020 – March 2022) | **Roles and Responsibilities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Have you previously received or applied for INTACH Research Programme? If yes, please elaborate on the research study, year of application etc:**

**Please give details of any sources of funding you have secured/applied for prior to the application for this programme. Attach evidence, if applicable:**

**Note: The last date to send a complete application is Monday, 9 December, 2024.**