

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH
EDUCATION DIVISION
KRISHI ANUSANDHAN BHAVAN - II, PUSA,
NEW DELHI – 110012 (INDIA)**

**APPLICATION FORM FOR
NETAJI SUBHAS - ICAR INTERNATIONAL FELLOWSHIP 2018**

1. Full name (block letters):

2. Sex: (M / F):

3. Date of birth:

4. Contact Details:

a. Postal address:

b. Permanent home address:

c. Phone no:

d. Email:

(All the correspondence will be sent with this email)

5. Father/Guardian's Name:

a. His relationship to applicant:

b. Occupation

c. Nationality

d. Address

6. Nationality:

7. Country of residence:

8. Passport details:

a. Aadhar No. (For Indian candidates' mandatory to receive the fellowships)

b. Passport no.:

c. Date of issue:

d. Place of issue:

e. Date of expiry:

9. Academic qualifications obtained (Graduate degree) onwards:

(Attach supporting documents)

Sl No.	University/Institution	Degree	Year	Subjects	Marks/Grades/OGPA
1.					
2.					
3.					

*Recent
Photograph*

10. Professional work experience and achievements (attach supporting documents):

- (i) Awards/Honours/Scholarships like -Gold Medal, Best Thesis, NTS, JRF etc.
- (ii) NET
- (iii) ARS
- (iv) Research/Teaching experience
- (v) Details of Publications (Above NAAS rating of 4.0)

11. Fresh candidate / In-service candidate (Tick one):

- a. Year in which Master's degree completed in case of fresh candidate:
- b. Details of Employer organization (name, address, head of organization) in case of in-service candidate:
- c. Position held:
- d. Deputation permission from parent organization enclosed? YES / NO

12. Details of Ph. D degree programme applied for:

- a. Discipline/subject:
- b. Name of the degree programme:
- c. Academic session and year of admission:
- d. Prescribed duration of the degree programme in years:
- e. Proposed area of study:
- f. Title of proposed research plan:
- g. Host University, name, address and contact person details:
- h. Acceptance letter for admission from Host University?: YES/ NO
(If yes, copy of the letter is to be attached)
- i. Copy of research plan enclosed: YES/ NO

13. Names, addresses, contact phone numbers and e-mail addresses of two referees
(one of the two referees should preferably be his/her supervisor in the current occupation (if employed) and one who is an expert in the area and well acquainted with the candidate's work):

a.

b.

14. Proficiency in English:

Written GOOD() FAIR() POOR()
Spoken GOOD() FAIR() POOR()

15. Knowledge of languages other than English:

Sl No	Name of Language	GOOD	FAIR	POOR

16. Name and Address of close relatives or friends, if any, in the country you propose to pursue the degree programme:

17. General remarks, if any, which you would like to offer: (in case the space is not sufficient, attach a separate sheet and sign the same)

Signature of Applicant

Date:

Place:

CERTIFICATE FROM THE CANDIDATE

(i) I hereby declare that the particulars given above are true to the best of my knowledge and belief, that I have understood and agree to abide by the guidelines/terms and conditions of the NS-ICAR International Fellowship scheme.

(ii) I undertake to complete the Ph.D. degree programme at and will return to my country after completion of the degree programme.

Signature of Applicant

**CERTIFICATE TO BE FURNISHED BY THE INDIAN DIPLOMATIC
REPRESENTATIVE (in case of overseas applicants only)**

Certified that I have personally checked and I am satisfied that

Mr./Mrs./Miss

(Name of the applicant)

is permanently domiciled in

(Name of the country)

and on completion of his/her studies in host country will return to

(Name of the country of domicile)

Certified that the entries in application form, particulars about examinations passed, marks obtained, subjects studies and syllabi covered have been checked with original documents and that application is complete in all respects. Scanned copies of relevant certificates, diploma or degrees of examinations passed have been enclosed by the applicant.

Signature

Name
Designation
OFFICE SEAL
Address

Date
Place:

CERTIFICATE OF PHYSICAL FITNESS

(By an authorized Medical Doctor)

Name of candidate:

Age:

Nationality:

Address:

Country:

MEDICAL REPORT:

1. Medical History:
2. Physical Examination:
3. Lungs:
4. Summary:

I believe that this applicant **IS/IS NOT physically able to carry on** a full course of study, involving long hours of work in a college/university/institution in India/abroad.

In my opinion, the applicant's health and physical conditions in general are:

EXCELLENT / GOOD / FAIR / POOR

He/She was successfully vaccinated/inoculated against small pox on:

He/She was presents no evidence of communicable disease or of any fatigue and has no physical defects.

GENERAL REMARKS:

Signature

Address

Date:

DOCTOR's SEAL:

IMPORTANT:

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid/cholera before coming to India. Similarly, those proceeding for overseas studies may get appropriate vaccination as per requirements of the host country.

CERTIFICATE OF PROFICIENCY IN ENGLISH
(in case of overseas applicants)

This is to certify that Mr./Ms

who is a National/domicile of (name of country)

and is an applicant for the **NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP**

is **PROFICIENT / NOT PROFICIENT** in **WRITTEN / SPOKEN ENGLISH** and
/or **HAS / HAS NOT** passed the English Proficiency Test conducted by the

Signature
Designation

Place:

Date:

SEAL of the Indian Diplomatic Mission

FORMAT
FOR REFEREE COMMENTS ON THE SUITABILITY OF CANDIDATE
FOR NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP

Name of the referee:

Désignation:

Affiliation:

Contact Phone:

Email:

- **I AM / AM NOT well acquainted with the work and achievements of Mr/Ms Son/daughter of Mr. and resident of**
- **I am SATISFIED/NOT SATISFIED that he/she has the sincerity, zeal and capacity to complete the Ph.D. programme applied for,with funding support provided under the Netaji Subhas-ICAR International Fellowship.**
- **I would, without hesitation, RECOMMEND / NOT RECOMMEND him/her for this programme.**

(Signature)

Date: