



The Third World
Academy of Sciences
(TWAS)

CSIR/TWAS Fellowships for Postdoctoral Research



The Council of
Scientific and
Industrial Research
(CSIR)

Application form

(To be typewritten in English)

The application form, together with enclosures, should be sent to:

• Dr. B.K. Ramaprasad
Senior Deputy Adviser, International S&T Affairs Directorate
Council of Scientific and Industrial Research (CSIR)
Anusandhan Bhavan - 2 Rafi Marg
New Delhi 110 001, India

and **one copy to:**

• Ms. H. Grant
Third World Academy of Sciences (TWAS)
c/o The Abdus Salam Centre for Theoretical Physics (ICTP)
Strada Costiera 11
34014 Trieste, Italy

Deadline: 1 June of each year.

TWAS/CSIR Fellowship for Postdoctoral Research

Part 1: To be completed by the applicant

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(1) Applicant:			
Family Name:		Given Name(s):	Passport No:
Sex: <input type="checkbox"/> Male: <input type="checkbox"/> Female:		Date of Birth:	Date & Place issued:
Nationality:		Place of Birth:	Expiry Date:
Name & Address of Institution where employed:		Your position:	Passport size photo to be attached here
Fax:		E-Mail:	
(2) Applicant's home address:			
Full Postal address:		Contact person in case of an emergency:	
Phone:		Phone:	
(3) Academic Background:			
University:	Location:	Major field:	Year awarded:
Subject of specialization:			
Title of thesis for Ph.D.			

Part 1: Applicant continued

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(4) Employment record:

Name of Employer:

Positions held:

Duties and work carried out:

(5) List of your most important publications (please also send us your curriculum vitae):**(6) Awards/Scholarships received (if any):****(7) Details of research work to be carried out in India:**

Area of research you wish to pursue:

Specify the CSIR Laboratory where you prefer to work - choose from the attached list:

(8) List three referees who are familiar with your academic background:

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(9) Please indicate your proficiency in English (working language at CSIR Labs)

Tick the appropriate boxes:

	Very well	Well	Average
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(10) Date & Period of visit to India:

Anticipated length of stay in India:

(11) International Travel: (please attach to this form a quotation for economy class air ticket)

Route:	Total cost of one way ticket US\$	Total cost of return ticket US\$
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(12) Signature of Applicant:

Signature:

Date:

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Part 2: to be completed by the head of applicant's institution

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(13) Name & Title of the Head of your Institution:

(14) Supporting statement in favour of your visit: (use additional sheet if necessary)

It is certified that Mr/Ms/Mrs..... is a regular employee and will be given leave of absence for the proposed visit to India for a maximum period of three years.

Signature of the Head of Institute:

Date:

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