

The Third World Academy of Sciences (TWAS)

# **CSIR/TWAS Fellowships** for Postgraduate Studies



The Council of Scientific and Industrial Research

## **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:

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 Postgraduate Studies

Part 1: To be completed by the applicant

(1) Details about app	olicant:						
		Given Nar	Given Name(s):		Passport No:		
Sex: Male: Female: Da		Date of Bis	Date of Birth:		Date & Place issued:  Expiry Date:		
Nationality: Place of Bio		irth:					
Name & Address of Institution where employed:		Your position:  Is the post regular or temporary:		Passport Photo to be attached here			
Fax:	E-Mail:		7				
(2) Applicant's home a	ddress:						
Fuli Postal address:			Contact person in case of an emergency:				
Phone:			Phone:				
(3) Academic Backgro	und:						
Certificate/Degree:	Subj	ect:	College/University:	Division/Grad	de &Year you passed:		
			:				
Current subject of spec Title of thesis if one wa		MSc or equiv	ralent:		e je		

### Part 1: Applicant continued

(4) Employment record:					
Name of Employer:	Positions held:		70		
	1 ostaons neig.		Duties and v	vork done:	
	ŀ		1	•	
			1		
(5) List of your publications	(please also send us vo	ur cutriculum vit	(20):	<del></del>	
			ac).		
(6) Provide information abou	st assaula/ask-tti-				
a) Fromite information appli	it awards/scholarships i	eceived;		<del></del>	
7) University where candida	te is registered for Ph.D				
Address of the University:		Complete address of your supervisor:			
ate of Registration for Ph.D:		Name of Supervisor:			
		Phone:	Fax:	E-Mail:	
osition:			•		
Details of research work to	be carried out in India	1:			
rea of research you wish to p	oursue:				
elevant past experience:					
elevant past experience.					
pecify the CSIR Laboratory wi	nere you prefer to work	- choose from the	e attached list:		

(9) List three referees who are familiar with your academic background:					
(10) Please indicate your profic	iency in English: (working langu	age at CSIR Lab	s)		
Tick the appropriate boxes:	Spoken Written Read	Very well	Well	Average	
(11) Have you ever attended an English course/examination? If so provide details:					
Other courses/exams passed:  (12) Have you ever taken GA1 Year:			so provide re:	d out and mar	ks obtained:
(13) International Travel foles	se attach to this form a musta	tion for econ	nmv class air	ticket)	
Route:	Total cost of one way ticke US\$ Anticipated length of stay	rt		cost of return	ticket
(14) Signature of Applicant:			1		
Signature:			Date:		

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

(15) Many 1 (1) 1 (1)						
(15) Name and title of the head of your Institution:						
(16) Supporting statement in favour of the visit: (use additional sheet if necessary)						
That gas additional sin	eet II necessary)					
t is certified that Mr/Ms/Mrsis a regular en bsence for the proposed visit to India for a maximum period of three y	nployee and will be given leave of ears.					
ignature of the Head of Institute:	Date:					