

**APPLICATION FORMAT FOR AcSIR (India) - RMIT (Australia) FELLOWSHIP**

**1. Name : 2. Male (M) or Female (F) or Third Gender (TG):**

**3. Date of Birth : 4. Age** *(as on 01.01.2021) :*

**5. Address for Correspondence :**

**6. Email ID & Mobile No. :**

**7. Research Fellowship being availed & its Funding Agency :**

**8. Month & Year of Enrolment for PhD at AcSIR :**

**9. AcSIR Enrolment No :**

**10. AcSIR Academic Centre / Associate Academic Centre :**

**11. Faculty of Study of AcSIR, under which enrolled :** Biological Sciences/Chemical Sciences/Physical Sciences/Engineering Sciences/Mathematical & Information sciences(*Please check one*)

**12. Details of the AcSIR Ph.D Courses completed :**

|  |  |  |  |
| --- | --- | --- | --- |
| Course code | Course Title | Grade obtained | Year of Passing |
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**13. Date of conduct of Comprehensive examination, if cleared:**

**14. Tentative Research Title of Ph.D thesis :**

*Please attach a one-page synopsis of your on-going Ph.D work, highlighting the objectives and the intended scope of research work (in not more than 250 words)*

**15. Educational Background (Bachelor’s Degree onwards)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No. | Degree/Diploma | Board/University | %age of marks/Grade | Major Subjects taken |
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**16. SCI Publications, if any (give complete bibliographic details):**

**17. Awards & achievements (only academic awards & achievements) :**

**18. Whether IELTS Cleared (Yes or No):**

**19. If yes to 18, IELTS Score :**

**20. Do you have any consent of potential Joint Supervisor at RMIT, in concurrence/knowledge of your AcSIR Supervisor (Yes/No):**

**21. If yes to 20 above, Name and contact details of the RMIT Faculty Member(s):**

**22. Name and AcSIR Faculty Designation of your AcSIR Supervisor**

**(Signature & Name of the applicant)**

Date :

Place :

**Concurrence of AcSIR Supervisor of the applicant with respect to her/his candidature for the AcSIR-RMIT Joint (Cotutelle) PhD program (*Mandatory for validity of the candidature*) :**

Date :

Place :

**--------------------***Signatures of the AcSIR Supervisor***---------**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**