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

(All fields are mandatory)

(Write “Not Applicable”, if any field is not applicable)

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| --- | --- |
| **Personal Details** | |
| Name: |  |
| Male (M)/Female (F)/Third Gender (TG): |  |
| Date of Birth (Age as on date of application): |  |
| Email ID | Mobile No.: |

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| --- | --- | --- | --- |
| **Qualification** | | | |
| Examinations Passed | Subject/ Specialization | Percentage/ CGPA | Class/Division/Grade |
| Bachelor’s |  |  |  |
| Master’s |  |  |  |

*Add rows, if required*

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| --- | --- | --- | --- |
| **Information related to AcSIR PhD Program** | | | |
| AcSIR Academic Centre/Associate Academic Centre: | |  | |
| AcSIR Enrolment No: | |  | |
| Month & Year of Enrolment for PhD at AcSIR: | |  | |
| Research Fellowship availed & its Funding Agency (please indicate rank in case of UGC/ CSIR JRF): | |  | |
| Faculty of Study of AcSIR, under which enrolled for PhD: Biological Sciences/Chemical Sciences/Physical Sciences/Engineering Sciences/Mathematical & Information sciences: | |  | |
| Date of the conduct of PhD Comprehensive examination: | |  | |
| SCI Publications, emanating out of your thesis research work, if any (give complete bibliographic details): | | | |
| Awards & achievements (only academic awards & achievements): | | | |
| AcSIR Supervisor | | Name:  Faculty Designation:  email ID:  Mobile No.: | |
| **Details of the AcSIR Ph.D Courses completed :** | | | |
| Course code | Course Title | Grade obtained | Year of Passing |
|  |  |  |  |
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*Add rows, if required*

**Declaration**

I affirm the accuracy of all the provided information and I am not currently engaged in any temporary position (such as Project Assistant) or in any permanent employment, including industry sponsorship. If any information is found to be inaccurate, the application may be rejected at any stage.

**(Signature of the applicant)**

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**Recommendation of the PhD Supervisor**

**Date: (Signature of the PhD Supervisor)**

**Approval of the Institute Director**

**(Signature of the Director)**

**With Stamp**

**Date:**

**-------------------------------------------------------------------------------------------------------------------------------**

**To be verified and forwarded to AcSIR-HQ by the Institute’s AcSIR Coordinator :**

**Date: (Signature with Name)**