

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
NORTH EASTERN REGIONAL CENTRE**

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Application Form for Minor Research Project

1.	Name of the Applicant(s)																								
2.	Address for communication <i>(including mobile number and email ID)</i>																								
3.	Permanent Address																								
4.	Present Position and office address, if any																								
5.	Date of Birth (DD/MM/YYYY) and age as on last date of application.	____/____/____, ____ Years ____ Months																							
6.	Educational Qualifications	Name of Degree	Name of the University	Year of Passing	% of marks	Division	Subjects/ Disciplines																		
		B.A.																							
		M.A.																							
		M Phil																							
		NET/SLET/ RET																							
7.	Indicate your category	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="text-align: center;">GEN</td> <td style="width: 20px;"></td> <td style="text-align: center;">SC</td> <td style="width: 20px;"></td> <td style="text-align: center;">ST</td> <td style="width: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="text-align: center;">Male</td> <td style="width: 20px;"></td> <td style="text-align: center;">Female</td> <td style="width: 20px;"></td> <td style="text-align: center;">Transgender</td> <td style="width: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Persons with Disability</td> <td style="width: 20px;"></td> <td style="text-align: center;">Yes</td> <td style="width: 20px;"></td> <td style="text-align: center;">No</td> <td style="width: 20px;"></td> </tr> </table>						GEN		SC		ST		Male		Female		Transgender		Persons with Disability		Yes		No	
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Male		Female		Transgender																					
Persons with Disability		Yes		No																					
8.	Name & Address of the affiliating institution <i>(including phone number, email ID and website)</i>																								
9.	Type of affiliating institution	ICSSR Research Institute Institute of National Importance Central University State University College with adequate research infrastructure				<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 20px;"></td></tr> <tr><td style="width: 20px;"></td></tr> <tr><td style="width: 20px;"></td></tr> <tr><td style="width: 20px;"></td></tr> <tr><td style="width: 20px;"></td></tr> </table>																			

		Deemed University <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
10.	Whether received any assistance/project from ICSSR or any other institution e.g. UGC, ICAR, CSIR, ICPR, ICHR, etc.	
	1.) Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick the relevant box)	
	2.) If Yes, when <input type="checkbox"/> duration From <input type="text"/> To <input type="text"/> Where <input type="text"/>	Amount <input type="text"/>
	3.) If Completed, date of completion <input type="text"/> Title <input type="text"/>	Amount <input type="text"/>
	4.) If Ongoing, the expected date of Completion. <input type="text"/> Title <input type="text"/>	
11.	Title of the Research Proposal	
12.	Study Implications	Please summarize the impact of your study (500 words each): (a) How the study will benefit the society at large. (b) How the study is relevant for policy making.
13.	Cost (approx.) and Duration (Please provide budget in a separate sheet)	Cost in Rs. <input type="text"/> Duration in Months <input type="text"/>

Declaration

I hereby declare that:

1. I am not a defaulter of any previous ICSSR grant.
2. I have neither been subjected to any disciplinary action nor found guilty of any criminal offence in my career.
3. The Research Proposal and its contents are entirely original and as per the standard practice.
4. I have not concealed any information in my application. If ICSSR finds any contrary information at any stage, it may cancel my project outrightly.

Place:

Date:

Signature of the Candidate

Annexure/Checklists (in the given order)

1. Detailed Research Proposal (*in about 3000 words in the format as indicated in the guidelines*).
2. Brief academic CV of Project Director.
3. Forwarding letter from the Head of the affiliating Institution duly stamped and signed on the letter head.
4. Detailed budget estimate as per ICSSR-NERC guidelines.

Forwarding Letter by the Affiliating Institution
(By Head of the University/College/Institution)

The Honorary Director,
ICSSR-NERC
NEHU Campus
Shillong – 793 022

The _____ (Name of the organization) forwards the application of _____ (Name of the applicant) for ICSSR-NERC Research Project.

We agree to administer the funds, provide basic required infrastructure facilities, make available all its research facilities such as library, laboratory and other equipment and provide the material and managerial assistance for the Project.

If the scholar working on the Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Project to a new institution, if the scholar so requests and the ICSSR-NERC approves it. The institution, however, shall be responsible for submitting the statement of accounts and utilization certificate for the grant received and utilized.

On completion of the Project, the institution may take possession of books/periodicals/equipment purchased out of the contingency grant from the scholar.

Signature of the Registrar/
Principal/Director of the Institute
(Seal)

Place: _____ Name: _____

Date: _____ Designation: _____

(Signature of the applicant)

Name _____