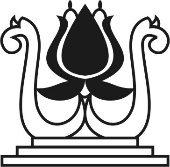
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**INLAKS SHIVDASANI FOUNDATION**

**INLAKS RESEARCH AND TRAVEL GRANT 2024**

**APPLICATION FORM**

Paste photograph

1. NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. ADDRESS FOR CORRESPONDENCE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. MOBILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. UNIVERSITY REGISTERED AT FOR PhD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PhD REGISTRATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. SUBJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. TOPIC OF RESEARCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. SUPERVISOR DETAILS:

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

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **INTERVIEWS TO BE CONDUCTED:**

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| --- | --- | --- |
| Experts to be consulted for in-person interviews | Designation and institution the expert is attached to | Contact Made Yes / No |
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12. **INSTITUTIONS TO BE VISITED:**

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| --- | --- |
| Universities / Libraries / Institutions to be visited | Name of Contact person (if relevant) |
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13. **ACADEMIC RECORD : (STARTING WITH CLASS 12 LEVEL EXAMINATION)**

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| --- | --- | --- | --- | --- |
| Qualification | Year | Subject/s | Board/ University | Percentage |
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14. Have you applied for this grant before and if, so which year?

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15. Do you have funding from any other source for conducting research overseas?

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**TELL US BRIEFLY ABOUT THE TOPIC OF RESEARCH, THE PROGRESS MADE SO FAR ( 300 WORDS)**

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**EXPLAIN THE NEED FOR GOING OVERSEAS FOR RESEARCH (200 WORDS)**

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**NAME AND CONTACT DETAILS OF RELATIVE OR ANY CONTACT IN CASE OF AN EMERGENCY**

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**REFEREE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DESIGNATION AND UNIVERSITY | CONTACT NO | EMAIL |
| 1. |  |  |  |
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| 2. |  |  |  |
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Completed application along with attachments should be emailed to [**ichchaporia@inlaksfoundation.org**](mailto:ichchaporia@inlaksfoundation.org)with the subject line: **APPLICATION FOR IRTG-2024**

Deadline for applying is **Wednesday 31 July 2024 6.00 PM IST**

The application form which is emailed should also contain the below mentioned attachments: (to be shared in PDF format ONLY)

* Your CV
* Passport copy (first and last page as 1 PDF file)
* Copies of past degree certificates (as 1 PDF file)
* Draft Chapter from your PhD thesis
* Your PhD Supervisor’s recommendation
* Evidence of positive communication/arrangements made with experts abroad.
* Two letters of recommendation - Separate from your PhD supervisor’s recommendation.

**Privacy policy**

1. Your data will be utilized for the purposes of administering this opportunity and then be retained with the Foundation.
2. In these circumstances, your personal details like name, country, year of award, opportunity outline, brief biography of your work (if applicable), photo will be published in an online register.
3. The information you provide will be used:
   1. To support and process the study/research/training/practice/project during the award tenure including but not exclusively:
      1. To retain necessary records and, to support your practice, including to seek feedback and results of your progress.
      2. To provide you with means of financial support during the award period.
   2. To support alumni engagement strategy or to facilitate opportunities, including but not exclusively:
      1. To send you email communications and briefings.
      2. To invite you to webinars, lectures, events, and conferences post completion of the award tenure.
      3. To feature you or your work output (if applicable and with prior consent and attribution) on the INLAKS Foundation website and social media channels or print publications as needed

**Data recipients**

Your data may be shared with partners, e.g. institutions; the body that nominated you for an award; suppliers such as travel agents and printers; and partners such as providers of online application, email marketing, and project management systems and where necessary their internet providers. No personal data other than your name, country, brief biography of your work (if applicable), and type of study/research/training/practice/project will be shared.

**Data transfers**

Your personal data will not be sold to any third parties or used for commercial purposes. Third parties with which we share your personal data are required not to sell it.

**Declaration**

I do hereby declare that the information given above and in the enclosed documents including the application is true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that the information given by me if proved false / not true at any point of time, my scholarship/award/fellowship/internship/grant may be withdrawn.

ACCEPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DECLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_