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**APPLICATION FORM: SHASTRI MOBILITY PROGRAMME (SMP) 2015-16**

**SECTION A: PERSONAL INFORMATION**

1. Last Name: First Name: Title:

2. Gender : F🞏 M🞏

3. Date of Birth:

4. Address:

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| --- | --- | --- |
| Correspondence:  Telephone: Mobile:  E‑mail : | Permanent:  Telephone: Mobile:  E‑mail : | Educational Institution:  Telephone: Mobile:  E‑mail : |

b) Communications about an award should be sent to: Correspondence Address 🞏 Educational Institution 🞏

5. Nationality:

6. Holding a valid passport: Yes 🞏 or No 🞏

If yes, please write the passport number: Date of Expiry:

7. a) Academic Qualifications:

b) Discipline and/or Department within University/Institution:

c) Name of the University/Institution.

8. Language Abilities\*: English French

Oral 🞏 🞏

Written 🞏 🞏

\* Please indicate proficiency with corresponding letters: **E**xcellent (E), **G**ood (G), **F**air (F) or **N**il (N).

9. Please provide a brief statement as an annexure outlining your background field(s) of specialty and particular areas of interest (maximum of 1000 words) and attach copies of your curriculum vitae and list of publications. (Please mention the Annexure Number here).

10. Please indicate whether you are associated with a SICI member institution of good standing or not.

11. Please list any awards previously received under

(i) Shastri Indo-Canadian Institute (ii) Any other (please specify)

**SECTION B: PROPOSAL FOR VISIT**

1. Please attach as an annexure a concise description of your purpose to visit to Canadian Institutions. (2,000 words) which will a) identify the key issues to be undertaken during the visit; b) indicate clearly both the nature and the scope of the visit’s contribution to internationalization of the curriculum/teaching and understand the recent developments in Canada; c) outline a general schedule of visit activities.(Please mention the Annexure Number here).

2. Area of interest

3. Anticipated dates of departure and return (if awarded):

4. Proposed institution/university for affiliation (in order of preference) with details of the contact person

(i)

(ii)

(iii)

**SECTION C: REFERENCES**

Names and addresses of two academicians who are giving letters of recommendation along with this application form. Letters of recommendation should explain the referees’ professional relationship to the applicant and testify to the competency of the applicant.

1) 2)

**SECTION D: ACCEPTANCE OF THE CONDITIONS OF AWARD**

I confirm that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am a senior

academicians/ educational administrators at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If I am granted an award for the Shastri Mobility Programme described in this application I agree:*

*a) to make all the necessary arrangements relating to the proposed visit;*

*b) to provide one report, summary thereof in English , not later than March 1st of the financial year (April 1 to March 31) following the financial year in which the award was made;*

*c) I understand that, should my proposed visit include a trip to Canada, medical insurance coverage (while in Canada) is my personal responsibility;*

*I hereby declare that the entries in this application form are true to the best of my knowledge and belief.*

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Date Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Place