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| NEW-Shastri-Logo-no-bg APPLICATION FORMSHASTRI RESEARCH STUDENT FELLOWSHIP FOR DOCTORAL/POST DOCTORAL STUDENTS 2015-2016 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | **Last Name** | | | | | | | | | **First name** | | | | | | | | | | | **Gender: F 🞏 M 🞏** | | | |
| Title | | | | | | | | | | | **Date of Birth:** | | | | |  | | | | | |  | |  | |
|  | | | | | Day | | | | | | Month | | Year | |
| 2. | | **Mailing Address:** | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence: | | | | | | | Permanent: | | | | | | | | | | | | Educational Institution: | | | | | | |
| Telephone: | | | | | | | Telephone: | | | | | | | | | | | | Telephone: | | | | | | |
| Mobile: | | | | | | | Mobile: | | | | | | | | | | | | Mobile: | | | | | | |
| E‑mail | | | | | | | E‑mail : | | | | | | | | | | | | E‑mail : | | | | | | |
| Communications about an award should be sent to: Correspondence Address 🞏 Educational Institution 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | | **Please tick the application level:** 🞏 **Doctoral** 🞏 **Post Doctoral** | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | | **Project Title (Please provide a title that clearly describes your proposed fellowship project):** | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | | | **Title of the PhD or Post Doctoral thesis as registered:** | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | | | **Proposed institution/university for affiliation (in order of preference) with details of the contact person:** | | | | | | | | | | | | | | | | | | | | | | |
| **a** | | | | | | | | | **b** | | | | | | | | | **c** | | | | | | | |
| **7.** | | **Anticipated dates of departure and return (if awarded):** | | | | | | | | | | | | | | | | | **Duration of months:** | | | | | | |
| Departure Date: | | | |  |  | | | | |  | | | Return Date: | | |  | | | | | | |  |  | |
| (From India) | | | | Day | Month | | | | | Year | | | (From Canada) | | | Day | | | | | | | Month | Year | |
| **8.** | **Short Project Description :** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Research Area: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline 1: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline 2: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | | **Academic Training ((Secondary Onwards):** | | | | | | | | | | | | | | | | | | | | | | | |
| Institutions Attended | | | | | | Year | | | | | Degree/Certificate earned | | | | | | | | | Major Field of Study | | | | | |
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| **10.** | | **Occupation: Designation/ Department/Organization (if any):** | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** | | **Employment History (if any):** | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | | | | | Position | | | | | | | | | Start and End Date of Employment | | | | | | | | |
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| **12.** | | **Language Abilities:** | | | | | | | | | | | | | | | | | | | | | | | |
| English French  Oral 🞏 🞏  Written 🞏 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | | **Shastri Involvement:** | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any awards previously received under Shastri Indo-Canadian Institute | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14.** | | **Other research and professional activities:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **15.** | | **Relevant Distinctions, Non-Shastri Awards, or Academic/Professional Achievements:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **16.** | | **Provide name and contact information of supervisor** | | | | | | | | | | | | | | | | | | | | | | | |
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| **17.** | | **Publications** (not mandatory but can be included) | | | | | | | | | | | | | | | | | | | | | | | |
| Publications in refereed journals (peer reviewed) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Books/chapters in books | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Non-referred publications | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Conference presentations | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **18.** | | **Abstract of Project – (restricted to 200 words.)** (Please mention the Annexure Number here) | | | | | | | | | | | | | | | | | | | | | | | |
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| **19.** | | **Project Information** | | | | | | | | | | | | | | | | | | | | | | | |
| *How will your proposed project in Canada contributing to your professional development?* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *How do you see your proposed project contributing to higher education in India?* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *How do you see your proposed project contributing to social change in India?* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *How do you see your proposed project contributing to cross-cultural understanding and communications?* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20.** | | **Project Description –** Please define (a) Scope, (b) Objectives, (c) Evidence of knowledge in the field, with citations and bibliography of relevant literature; (d) Social or practical relevance of the project; (e) Theories, methods and sources, (f) Preparatory work to be completed prior to commencement of fellowship (g) The need for carrying out the project in Canada.  Applications will be evaluated primarily on the basis of: (a) Originality of the proposed research and its potential intellectual contribution to knowledge; (b) Soundness of the proposed methodology and clear demonstration of knowledge of relevant scholarship on the topic; (c) Feasibility of the project as designed and clear demonstration of necessity to carry out the work in Canada; and Strategies for dissemination of project outcomes. (2000 words max) (Please mention the Annexure Number here) | | | | | | | | | | | | | | | | | | | | | | | |
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| **21.** | | **Ethics** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your project require ethics approval due to research on human subjects, input on the environment, bio hazards etc.?   Yes 🞏 No 🞏   1. Have you initiated the ethics approval process at your home institution?   Yes 🞏 No 🞏  Shastri Institute cannot release funds without a “Certificate of Ethics Approval” from your home institution. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22.** | | **Please check the appropriate boxes on the right indicating that the necessary materials are included with your application. THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Requested | | | | | | Sent with Application | | | | N/A |
| 1. One original completed Shastri Application Form (with original signature) | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. One Electronic copy of the Shastri Application Form | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. Copy of the Passport | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. Certificate of Ethical Approval (if applicable) | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. Duly attested transcripts/photocopies  towards qualification acquired from post-secondary onwards included in hard copy of application | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. At least two letters of recommendations from academic supervisor and or current or recent instructors (The applicants should request his/her supervisor to clearly state the proposed research is relevant to the Doctoral program) | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| 1. Proof of registration in a Doctoral program | | | | | | | | | | | | | | | 🞏 | | | | | | 🞏 | | | | 🞏 |
| **23.** | | **Please provide two suggested evaluators. THESE CANDIDATES CANNOT HAVE HAD A PERSONAL OR PROFESSIONAL RELATIONSHIP WITH YOU CURRENTLY OR IN THE PAST.** | | | | | | | | | | | | | | | | | | | | | | | |
| Name  Address  Telephone  Mobile  Fax  Email | | | | | | | | | | | | | | Name  Address  Telephone  Mobile  Fax  Email | | | | | | | | | | | |
| **24.** | | **Please indicate whether you are associated with a SICI member institution of good standing or not.** | | | | | | | | | | | | | | | | | | | | | | | |
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| **25.** | | **Signature** | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Signature | | | | | | | | | | | | Date | | | | | | | | | | | | | |
| **26.** | | **Student Applicants require the signature of the PhD Supervisor/HoD** | | | | | | | | | | | | | | | | | | | | | | | |
| Signature Institution      Name Date Title | | | | | | | | | | | | | | | | | | | | | | | | | |