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| NEW-Shastri-Logo-no-bg APPLICATION FORMSHASTRI RESEARCH STUDENT FELLOWSHIP FOR STUDENTS 2016-2017 | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** 🞏 **Bachelor** 🞏 **Masters** 🞏 **M.Phil** | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | | | **Title of the Course/ Internship/ Project/ Module Course (Please provide a title that clearly describes your proposed fellowship project):** | | | | | | | | | | | | | | | | | | | | |
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| **5.** | | | | **Proposed institution/university for affiliation (in order of preference) with details of the contact person:** | | | | | | | | | | | | | | | | | | | | |
| **a** | | | | | | | | | | **b** | | | | | | | | **c** | | | | | | |
| **6.** | | **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 |
| **7.** | **Short Project Description :** | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Course/ Internship/ Project/ Module Course:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline 1: | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline 2: | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | **Academic Qualifications ((Secondary Onwards):** | | | | | | | | | | | | | | | | | | | | | | |
| Exam Passed/ Degree Obtained | | | | | | | Broad/ University | | | | | Percentage of Marks and Division | | | | Passing Year | | | | Subjects | | | | |
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| **9.** | | **Present Department/School/Centre within Institution:** | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Institution:  Department: | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** | | **Language Abilities:** | | | | | | | | | | | | | | | | | | | | | | |
| English French Hindi  Oral 🞏 🞏 🞏  Written 🞏 🞏 🞏    \* Please indicate proficiency with corresponding letters: Excellent (E), Good (G), Fair (F) or Nil (N). | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.** | | **Shastri Involvement:** | | | | | | | | | | | | | | | | | | | | | | |
| Please list any awards previously received under Shastri Indo-Canadian Institute | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.** | | **Other relevant Distinctions or Academic/Professional Achievements:** | | | | | | | | | | | | | | | | | | | | | | |
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| **13.** | | **Abstract of Course/ Internship/ Project/ Module Course – (restricted to 200 words.)** (Please mention the Annexure Number here) | | | | | | | | | | | | | | | | | | | | | | |
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| **14.** | | **Project Information** | | | | | | | | | | | | | | | | | | | | | | |
| *Summarise and support the proposed project will contribute to your professional and academic development?* | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Would the proposed project contribute to higher education in India/Canada? Explain how.* | | | | | | | | | | | | | | | | | | | | | | | | |
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| *How do you see your proposed project contributing to social change in India/Canada?* | | | | | | | | | | | | | | | | | | | | | | | | |
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| *How do you see your proposed project contributing to cross-cultural understanding and communications?* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **15.** | | **Project Description –** Please define wherever applicable (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/India.  Applications will be evaluated primarily on the basis of: (a) Originality of the proposed Course/ Internship/ Project/ Module Course 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/India; and Strategies for dissemination of project outcomes. (2000 words max) (Please mention the Annexure Number here) | | | | | | | | | | | | | | | | | | | | | | |
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| **16.** | | **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. | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.** | | **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.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | Sent with Application | |
| 1. One original completed Shastri Application Form (with original signature) | | | | | | | | | | | | | | | | | | | | | | | 🞏 | |
| 1. One Electronic copy of the Shastri Application Form (In single pdf file includes all relevant document) | | | | | | | | | | | | | | | | | | | | | | | 🞏 | |
| 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 current or recent instructors (The applicants should request his/her instructor to clearly state the proposed Course/ Internship/ Project/ Module Course is relevant to the degree program) | | | | | | | | | | | | | | | | | | | | | | | 🞏 | |
| 1. Proof of registration in a Degree program | | | | | | | | | | | | | | | | | | | | | | | 🞏 | |
| **18.** | | **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 | | | | | | | | | | |
| **19.** | | **Please indicate whether you are associated with a SICI member institution.** | | | | | | | | | | | | | | | | | | | | | | |
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| **20.** | | | **References** | | | | | | | | | | | | | | | | | | | | | |
| Names and addresses of two academicians that have been asked to submit letters of recommendation on your behalf directly to the Shastri Indo-Canadian Institute **by the deadline set for the competition**. Letters of recommendation should explain the referees’ professional relationship to the applicant and testify to the competency of the applicant.   * + - 1. 2. | | | | | | | | | | | | | | | | | | | | | | | | |
| **21.** | | | | | **Signature** | | | | | | | | | | | | | | | | | | | |
| **Signature of the Student** | | | | | | | | | | | | | | | **Date** | | | | | | | | | |
| **22.** | | **Forwarding:** | | | | | | | | | | | | | | | | | | | | | | |
| This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a bonafide student of this University/Institution. He/She is presently pursuing Bachelor, Masters or M. Phil degree/course.    Signature Institution      Name Date Title | | | | | | | | | | | | | | | | | | | | | | | | |