



APPLICATION FORMAT FOR ICMR-CENTENARY POST DOCTORAL FELLOWSHIP (PDF)

1. Full Name.....

Surname First Middle

1a. Sex (M/F)..... Father's/ Husband' Name.....

2. Address for Correspondence:.....

.....

Email : Phone : (M).....

(R).....(O).....

3. Permanent address in India (for Indian Nationals))/Abroad (For Foreign Nationals/NRI's
/PIOs):.....

.....

.....

4. a) Date of birth (DD/MM/YYYY)..... State of Domicile.....

5. Category: (a) Indian National- Yes/No, if no, then state Nationality.....

Passport details: (a)Passport No:.....(b) Issuing Authority.....

Type of Visa held:.....

6. Do you belong to: (a) SC-Yes/No (b) ST- Yes/No (c) OBC- Yes/No

7. Date of arrival from foreign country:...../expected

return:.....

8. Academic and professional qualifications (Starting from High School):

Exam/Degree/ Diploma	Subjects	Percentage of marks or Grade	Name of School/University/ Institution	Duration of study	Year of passing

9. Title of Ph.D. Thesis.....

.....

.....

10. Specializations, in terms of broad Area of Specialization and Exact Area of specialization:

(a) Subject	(b) Broad Area of Specialization	Exact area of Specialization

11. Publications and Patents: **(Please attach list of publications and patents with full references and reprints or photocopies bearing serial numbers corresponding with those in the list):**

- (a) Total no. of papers (i) Published.....(ii) Accepted.....
(b) **Papers from Ph.D. thesis (i) Published..... (ii) Accepted.....**
(c) No. of Books published.....
(d) No. of patents: (i) Filed:.....(ii) Granted..... (
(e) Total impact factor (IF) as per Journal Citations Reports (JCR- 2022/ 2023).....

12. Prizes, Honors, Awards, Distinctions, if any (attach separate sheet, if required.):.....
.....

13. Fellowships awarded:

Name of Fellowship and Name of the sponsoring agency	Period		Fellowship Amount / Name of the Host Institute	
	From	To		

14. Give details of employments, if any (Separate sheet may be used):

15. Title of the proposed PDF Research Project:

.....
.....
.....

(Describe in detail, on a separate sheet, the proposed research project along with year-wise plan of work for two years. The project should be made in **consultation with the Guide /Director/Director-in-Charge** with whom you propose to work in the concerned ICMR Institute/Center.)

16. **Is the Plagiarism Check report duly verified by the ICMR-Research Integrity Officer (RIO) submitted (format given on website)- Yes/No**

17. **Correlation between Ph.D. thesis work and proposed PDF work (Justification)- 200 words.**

18. Name of the ICMR Scientist with Designation, email and phone no. whom the proposed work will be carried out:

.....
.....

18. Testimonials from two referees (one should be the Ph.D. Guide) whom are familiar with your recent research work may be attached. Please give the names, designations and addresses of referees:

- (i)
.....
(ii)
.....

DECLARATION

I have read the Terms and Conditions of the ICMR–Centenary Post-Doctoral Fellowship Program,. I accept and agree to abide by these, if the Fellowship is offered to me. I certify that to the best of my knowledge and belief the particulars given in the application are correct. The Plagiarism Check Report duly verified by the ICMR-RIO of the Institute is also enclosed. I understand that the decision taken on my application by ICMR will be final. If, any false and suppression of factual information in the application form comes to the notice of ICMR at any time during the tenure of PDF, the ICMR- PDF would be liable to be terminated.

Place.....

Signature of the Candidate.....

Date.....

DECLARATION

(Specifically for Indian National working abroad)

I do hereby affirm that I will abide by Indian Laws as applicable to Indian Nationals and will not participate in unlawful activities.

Place.....

Signature of the candidate.....

Date.....

19. Attestation by Guide and Director/Director-in-Charge of ICMR Institute/Center (MANDATORY)

We hereby certify the credentials of the candidate and will provide him/her all the infrastructure facilities to carry out his/her proposed PDF research work in this Institute. The Institute will also be responsible for his/her conduct and monitor his/her annual research progress. (Pl. write a few words regarding the research proposal).

Place.....

Date.....

Signature of the Guide
(with official stamp)

Signature of the Director/Director-in Charge
(with official stamp)

CHECK LIST

- | | |
|--|--------|
| 1. Photograph on the application form : | Yes/No |
| 2. Affidavit if you carry different name/Surnames in your certificates: | Yes/No |
| 3. Attested copy of School Leaving/ High School/ Secondary School Certificate (for date of birth): | Yes/No |
| 4. Attested copies of Mark Sheets/Grade Cards & Degrees for B.Sc./M.Sc./ M.Phil./B.E./ M.E/B.Pharm/M.Pharm./ Ph.D. /MBBS/MD/MS: | Yes/No |
| 5. Attested copy of the Caste certificate, if applicable: | Yes/No |
| 6. List of publications | Yes/No |
| 7. Reprints of publications | Yes/No |
| 8. One page summary of Ph.D. thesis | Yes/No |
| 9. Attested copies of Letter(s) of Acceptance for paper(s) accepted for publication & pre-prints: | Yes/No |
| 10. Detailed research proposal | Yes/No |
| 11. Testimonials from two Referees (One should be Ph.D. Guide) | Yes/No |
| 12. <u>Plagiarism Check Report verified by ICMR-RIO</u> | Yes/No |