

# INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH

North Eastern Regional Centre, Shillong – 793 022

## Application Form for Contingency Grant to Ph.D. Scholars

- Applications will be considered from only such candidates who have completed the basic preliminary readings on the subject of research. For survey type of research, one should be, at least, at a stage where the field work has been thought, the sampling plan and the questionnaire (where applicable) have been prepared. For other empirical studies, the basic plan for data processing should be ready. For conceptual/theoretical studies the basic framework of the study should have been worked out.
- The candidates should apply at least **three months in advance** from the probable date of utilisation of the grant.
- Answer to each question should be given in **words** and not by dashes and crosses.
- **Incomplete applications will be rejected.**
- The Application form may be downloaded from our website [www.icssrnerc.org](http://www.icssrnerc.org)
- The **photocopy** of the Application Form is also acceptable.

Photo

### 1. Particulars of the Applicant:

a. Name (in Block Letters):

b. Date of Birth:

c. Sex:

d. Nationality:

e. Marital Status:

f. Postal Address for Correspondence:

g. Permanent Address:

h. Contact No.:

Mobile:

Residence:

Office:

i. E-mail:

2. Do you belong to Scheduled Caste/Scheduled Tribe (If 'Yes', please attach an attested copy of the certificate)?

3. a) **Particulars of Academic Qualifications** (Please attach **attested** copies of certificates):

Examination Passed	Year of Passing	Board/University	Class/Division	Percentage of Marks
B.A/B.Com				
M.A/M.Com				
M.Phil				
Other Qualifications				

b) Have you attended any **Research Methodology Course** either conducted by the ICSSR or any other institution? If yes:

Name of the Institution	Year	Duration	Result

4. a. Date of Registration/Enrolment for Ph.D. (After M.Phil.)  
(Please enclose an attested copy of **Registration Certificate**).

b. Name of the department and the university.

c. Name and designation of the supervisor (Please enclose supervisor's recommendations).

d. Theme of research (Please enclose two copies of Ph.D. proposal).

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e. Probable date of its completion:

5. Have you applied to the ICSSR for financial assistance earlier? If so, indicate the year and result thereof along with the reference number.
6. Have you applied to any other agency for financial assistance for the Ph.D. work? If so, please give details:
- Name and address of the Agency/Organisation:
  - Duration of the financial assistance applied for:
  - Probable date of result:
7. Are you employed in an affiliated college/research institute/university? Yes/No. If 'Yes', please state:

Name of the Institution	Date of Appointment	Designation	Temporary/ Permanent	Scale

8. Present Status of Research Work

(Please enclose a detailed note indicating the work done and the work to be done duly forwarded by the supervisor. If a questionnaire/interview schedule was prepared, enclose a copy)

9. List of Publications:

10. Detailed break-up of estimated expenditure with proper justification for each item should be provided.

**Estimated Expenditure:**

**A. Computer Work**

(a) Computer Time

(b) Estimated Computer Charges

(c) Any other Item

**Sub Total**

Rs.

Rs.

Rs.

**B. Printing of Schedules/Questionnaires**

(a) Number of Questionnaires/Schedules to be Printed

(b) Number of Pages in the Questionnaire/Schedules to be Printed

(c) Number of Copies of Questionnaires to be Printed  
(d) **Estimated Expenditure** **Rs.**

**C. Cartographic Work**

(a) Number of Maps  
(b) Type of Maps  
(c) Estimated Cost **Rs.**  
**Sub Total** **Rs.**

**D. Books and Journals** **Rs.**

**E. Any Other Item (Please Specify)** **Rs.**

**Grand Total** **Rs.**

**11. DECLARATION**

I Hereby Declare

- a) That I have read the rules regarding the Contingency Grant to Ph.D. scholars of Indian Council of Social Science Research and agree to abide by these rules. I further declare that entries made in the form above are true to the best of my knowledge and belief.
- b) That if any of my statements is proved to be incorrect Contingency Grant awarded to me may be cancelled or the application may be rejected.

**(Signature of the Candidate)**

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**(Name in Block Letters)**

**Date**

**Place**

**University/College/Institute**  
**Signature & Seal Registrar/Director/Head/Supervisor**