Application for IUCIPRS Minor Research Project\*

1. Name :

2. Date of Birth :

3. Nationality :

4. Sex (Male/Female) :

5. Address for communication :

6. E-mail :

7. Educational Qualification :

8. Name and address of the Institution where working:

9. Teaching experience:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of the University/Institution | Duration  | Subjects taught  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. Publications if any: (Attach the list if there are many and enclose two best publications)

11. Title of Research Proposal:

............................................................................................................................................... (Attach in separate sheet the detailed research proposal)

12. Name and address of the person to whom cheque is to be issued in case of acceptance of the project:

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Certified that the above information is correct and I agree that my application is liable to be rejected in case there are any discrepancies in the information.

Signature of the applicant

Place:

Date:

**Certificate from the Head of the Institution**

Certified that ..................................................................... is a full time Teacher of this ------------------------------------------------ Department/School/Centre/College. I recommend his/her application for IUCIPRS Minor Research Project.

Signature with official seal

Place:

Date: