



## CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of Ayush, Government of India  
No.61-65, Institutional Area, Opp. 'D' Block  
Janakpuri, New Delhi-110058  
Websites: [www.ccras.nic.in](http://www.ccras.nic.in)

### ANNEXURE - II : APPLICATION FORM

#### for the CCRAS Post Doctoral Fellowship

- The application should be typed except the Sl.No. VIII below which is to be filled in by the mentor in his/her own handwriting only.
- Read all instructions carefully given in the Scheme before filling the Application Form.
- All answers should be given in words and not be dashes.
- Strike off those statements, which are not applicable.

**Coloured  
Passport size  
Recent Photograph  
of Applicant**

#### I. GENERAL INFORMATION

- Name (in Block Letters)  
(Underline surname)
- Father's Name
- Age in years & Date of birth (dd/mm/yyyy) years, \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Gender
- Nationality
- Category (SC/ST/PH/OBC)
- Year of passing graduation & name of UG Degree
- Year of passing post-graduation & name of PG Degree
- Subject and Thesis Topic of PG
- Year of award of Ph.D. Degree
- Subject and Thesis Topic of Ph.D.
- If Ph.D. degree is not awarded, please give whichever applicable:  
Date of thesis submission:.....  
Likely date of submission:.....
- Postal address for correspondence
- Permanent address
- Email address
- Phone number/ Mobile No.
- Alternate Phone number/Mobile No.

## II. PARTICULARS OF RESEARCH ON WHICH THE CANDIDATE DESIRES TO WORK:

1. Title of the project \_\_\_\_\_
  - (a) Specialty covered by the research work \_\_\_\_\_
  - (b) Nature of work- Clinical/Experimental Combined/ Field Project (Strike off what is Irrelevant) \_\_\_\_\_
  - (c) State whether any travelling is involved in the programme of work. If so, state how the travel expenses will be met as no separate funds for travel are provided to the fellow
  - (d) Name and designation of the Mentor under whom the candidate will work
  - (e) Name of Institution & University
  - (f) Whether the fellowship is desired for a Post Doctoral Degree work (Yes/No) -----
2. Upload detailed plan of proposed work under the following headings:
  1. Title of the Project
  2. Name, designation and address of the Mentor
  3. Tenure of the study
  4. Objectives
  5. Present knowledge and relevant bibliography (please give here only the most relevant references complete with the authors name(s), title of the article, name of the journal, year, volume and page number).
  6. Methodology and Techniques (giving all relevant details like study design, selection of subjects experimental model, techniques study proforma etc.).
  7. What is aimed to be achieved by the study?
  8. How is it likely to advance or add to the existing knowledge in relation to human health?

**III. 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) No. of Papers (i) Published.....(ii) Accepted.....,
- (b) No. of Books (i) Published.....(ii) Under publication.....,
- (c) No. of patents: (i) Filed:.....(ii) Granted:.....

**IV. PRIZES, HONOURS, AWARDS, DISTINCTIONS, IF ANY:.....**

**V. Fellowships held:**

NAME OF FELLOWSHIP	NAME OF THE SPONSORING AGENCY	DATES		AMOUNT	NAME OF THE HOST INSTITUTE
		FROM	TO		

**VI. GIVE DETAILS OF EMPLOYMENT, IF ANY (A SEPARATE SHEET MAY BE USED): .....**

**VII. DECLARATION BY THE CANDIDATE**

1. I have gone through the Fellowship Rules and conditions of the award and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself for interview at my own expenses, if called upon to do so.
2. Certified that in the event of my being offered the Council’s fellowship, I am prepared to give up my present stipend/fellowship salary/but not the leave salary.
3. Certified that I will be able to manage within the contingent grant allotted for the fellowship. I also certify that no non-consumable articles or equipment will be purchased by me.

Signature of the applicant

**VIII. TO BE FILLED BY THE RESEARCH MENTOR IN HIS/HER OWN HANDWRITING:**

1. Major field of your specialization.
2. What are your current area(s) or Research?
3. The number and names of Research students including fellowships awarded by R&D Agencies (like ICME, CSIR, DAE, ICAR, DGHS, UGC, SMRC, Pharmaceutical companies, CCRAS, CCRS, CCRUM, CCRH, CCRYN, etc.) currently being guided:
4. Titles of the research schemes including sponsored ones in hand:
5. Your opinion on the research potentiality of the candidate and relevance of the project to your field of interest:
6. I agree to accept the applicant \_\_\_\_\_ and offer him/her all facilities and guidance for carrying out research/training in the \_\_\_\_\_ project \_\_\_\_\_ of \_\_\_\_\_ proposed by the applicant which has been drawn in consultation with me has my approval. I also certify that the applicant will not receive any financial assistance from my side, for carrying out the work in my department.
7. Certified that the proposed project has not been submitted earlier in any shape.
8. Certified that the techniques to be employed in carrying out the work of the research project have been standardized.
9. Certified that the plan of work has been prepared in consultation with a Statistician (Strike out if not considered necessary).

Signature of the Mentor

Seal bearing Designation & Address

**IX. CERTIFICATE BY THE HEAD OF THE INSTITUTE:**

- i. I recommend \_\_\_\_\_ for the fellowship applied for and certify that, to the best of my knowledge he /she is eligible for it in all respects.
- ii. I certify that he /she will/will not receiving any stipend pay/allowance and financial assistance except leave salary from any source in case fellowship is awarded.
- iii. I certify that the research proposal has been reviewed and recommended by the institute's academic committee.
- iv. I certify that all equipment, laboratory and other facilities required for carrying out the proposed research project by the applicant are available in the Department/Institute and will be made available to the applicant.
- v. I undertake to send to the Council an audited statement of accounts along with the utilization certificates as required in the Fellowship Rules.

Signature of the Head of the Institution  
(Seal bearing Designation & Address)

## X. BIO-DATA OF THE MENTOR

**Name** : Dr. Miss/Smt/Shri\* \_\_\_\_\_

Designation :

Address :

Phone number :

Email :

Date of birth :

First Name (S) :

Last Name :

Education Qualification: Degrees obtained (Begin with Bachelor's Degree) -

	Degree	Institution	Field	Year
1.				
2.				
3.				
4.				
5.				

**Research/Training Experience:**

	Duration	Institution	Particulars of work done
1.			
2.			
3.			
4.			

**Research specialization:**

- 1.
- 2.
- 3.
- 4.

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\* Strike out which is not applicable