Annexure-III

[Please see Para 10 & 17(ix) of the Scheme]

Central Council for Research in Ayurvedic Sciences (CCRAS)/ Central Council for Research in Siddha (CCRS)/ Central Council for Research in Unani Medicine (CCRUM)/ Central Council for Research in Homoeopathy (CCRH)/ Central Council for Research in Yoga & Naturopathy (CCRYN)

(Ministry of Ayush, Government of India)

Websites: www.ccras.nic.in / www.siddhacouncil.com / www.ccrum.res.in / www.ccryn.org / http://ccrhindia.nic.in

AYUSH PH.D. FELLOWSHIP SCHEME

APPLICATION FORM FOR JOINING THE PH.D. FELLOWSHIP PROGRAMME for award of Senior Research Fellowship (SRF) to AYUSH-NET Qualified Candidates

(a) The application should be typed except the Sl.No. IV below and Annexure-V which are to be filled in by the Guide in his/her own handwriting only.
(b) Read all instructions carefully given in the Scheme before filling the Application Form.
(c) All answers should be given in words and not be dashes.
(d) Strike off those statements, which are not applicable.
(e) The application in duplicate is to be submitted to Director General, **CCRAS/CCRUM/CCRH** or Director **CCRYN** at 61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058 or Director General **CCRS** at Govt. Anna Hospital Campus, Arumbakkam, Chennai - 600106, India

Coloured Passport size Recent Photograph of Applicant

I. GENERAL INFORMATION

1. Name (in Block Letters)
   (Underline surname)
2. Father's Name
3. Date (dd/mm/yyyy) of birth ____/____/_____
4. Gender
5. Nationality
6. Category (SC/ST/PH/OBC)
7. Year of passing graduation & name of UG Degree
8. Year of passing post-graduation & name of PG Degree
9. Subject and Thesis Topic of PG
10. Roll No. and Date of qualified AYUSH-NET
11. Marks/Rank of qualified AYUSH-NET
12. Date of issuance & validity AYUSH-NET Certificate/Fellowship Award/Selection

13. Postal address for correspondence
14. Email address
15. Phone number/Fax/Mobile No.
16. Permanent address

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

1. Title of 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 Guide under whom the candidate will work

   (e) Name of Institution & University

   (f) The fellowship is desired for a Degree work, indicate:
      (i) Degree for which registered/ Wish to register
      (ii) Title of project for thesis
      (iii) Date of Registration
      (iv) Date of Examination
      (v) Enrollment No. and Year

Attach separately two copies of detailed plan of proposed work under the following headings:

1. Title of the Project
2. Name, designation and address of the Guide
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. 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 Councils'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-expendable articles or equipment will be purchased by me.

Signature of the applicant

IV. TO BE FILLED BY THE RESEARCH GUIDE/PRINCIPAL INVESTIGATOR 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 Guide/Principal Investigator
Seal bearing Designation & Address

V. CERTFICATE 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 SRF 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)

VI. BIO-DATA OF THE GUIDE/CO-GUIDE*

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