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| NEW-Shastri-Logo-no-bg APPLICATION FORMSHASTRI RESEARCH STUDENT FELLOWSHIP 2017-18 (**FOR DOCTORAL/POST DOCTORAL STUDENTS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Last Name** | | | | | | | | | | | **First name** | | | | | | | | | | | **Gender: F 🞏 M 🞏** | | | | |
| Title | | | | | | | | | | | | **Date of Birth:** | | | | | | Day | | | | | Month | | | Year | |
|  | | | | | |  | | | | |  | | |  | |
|  | | | | | | | | | | | | **Age as on 31st December 2017:** | | | | | |  | | | | |  | | |  | |
| 2. | **Mailing Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence: | | | | | | | | | Permanent: | | | | | | | | | | | | Educational Institution: | | | | | | |
| Telephone: | | | | | | | | | Telephone: | | | | | | | | | | | | Telephone: | | | | | | |
| Mobile: | | | | | | | | | Mobile: | | | | | | | | | | | | Mobile: | | | | | | |
| E‑mail | | | | | | | | | E‑mail : | | | | | | | | | | | | E‑mail : | | | | | | |
| Communications about an award should be sent to: Correspondence Address 🞏 Educational Institution 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | **Please tick the application level:** 🞏 **Doctoral** 🞏 **Post Doctoral** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | | | | **Stage of Theses: (applicable to Doctoral Candidates)** | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 Course work 🞏 Review of literature 🞏 Synopsis Submission 🞏 Data Collection  🞏 Data Analysis 🞏 Report Writing 🞏 Submission | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | | | **Project Title (Please provide a title that clearly describes your proposed fellowship project):** | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | | | | **Title of the PhD or Post Doctoral thesis as registered:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.** | | | | **Proposed institution/university for affiliation (in order of preference) with details of the contact person: (Please seek prior consent from the affiliate before proposing name and obtain a formal invitation letter on the letterhead of his/her institution)**  **Note: SICI strongly advises all potential applicants that it is their responsibility to find the right partner in another country, In order to find potential matching partners/faculty members in Canadian member universities, the applicants are strongly advised to  visit the websites of preferred Canadian universities to reach to ONLY the appropriate faculty members of desired schools/departments and write to them directly expressing the necessary background of your proposal and partnership interests. We strongly advise all potential applicants to refrain from sending generic e-mail request to SICI officers or its executive council members or mass e-mailing many other recipients seeking their help to find you a partner, because it could be counterproductive and may hamper their efforts in finding a correct partner.  Applicants are also advised to approach potential partners well in time so that they can submit a well-prepared application after consultation with their partner.** | | | | | | | | | | | | | | | | | | | | | | | |
| **a** | | | | | | | | | | | | | **b** | | | | | | | | | | | | | | |
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| **8.** | | | **Anticipated dates of departure and return (if awarded):** | | | | | | | | | | | | | | | | | | | | | | | | |
| Departure Date: | | | | | |  | |  | | |  | | | | | Return Date: | | |  | | | | |  | | |  |
| (From India) | | | | | | Day | | Month | | | Year | | | | | (From Canada) | | | Day | | | | | Month | | | Year |
| **Proposed fellowship Duration in months:** | | | | | | | | | | | | | | | | | **Proposed fellowship Duration in Weeks:** | | | | | | | | | | |
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| **9.** | | | **Short Project Description :** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name of Research Area: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Discipline 1: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Discipline 2: | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.** | **Academic Training (Secondary Onwards):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institutions Attended | | | | | | | Year | | | | | Degree/Certificate earned | | | | | | | | | | Major Field of Study | | | | | |
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| **11.** | **Occupation: Designation/ Department/Organization (if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.** | **Employment History (if any):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | | | | | | | Position | | | | | | | | | | Start and End Date of Employment | | | | | | | |
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| **13.** | **Language Abilities:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English French Hindi  Oral 🞏 🞏 🞏  Written 🞏 🞏 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **14.** | **Shastri Involvement:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any awards previously received under Shastri Indo-Canadian Institute | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **15.** | **Other relevant Distinctions or Academic/Professional Achievements:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **16.** | **Provide name and contact information of supervisor** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **17.** | **Publications** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Publications in refereed journals (peer reviewed) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Books/chapters in books | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Non-referred publications | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Conference presentations | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **18.** | **Abstract of Project – (restricted to 200 words.)** (Please mention the Annexure Number here if separate sheets used to write Abstract information) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **19.** | **Project Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Explain how your proposed project in Canada/India is contributing to your professional and academic development?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *In what way your proposed project is contributing to higher education in India/Canada?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Would the proposed project contribute to social change in India/Canada?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Please describe how your proposed project will contribute to cross-cultural understanding and communications?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20.** | **Project Description –** Please define (a) Scope, (b) Objectives, (c) Evidence of knowledge in the field, with citations and bibliography of relevant literature; (d) Social or practical relevance of the project; (e) Theories, methods and sources, (f) Preparatory work to be completed prior to commencement of fellowship (g) The need for carrying out the project in Canada/India. (**2000 words max**) (Please mention the Annexure Number here if separate sheets used to write project description) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **21.** | | **Evaluation Criteria** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications will be evaluated primarily on the basis of: (a) Originality of the proposed research and its potential intellectual contribution to knowledge; (b) Soundness of the proposed methodology and clear demonstration of knowledge of relevant scholarship on the topic; (c) Feasibility of the project as designed and clear demonstration of necessity to carry out the work in Canada/India; and Strategies for dissemination of project outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **22.** | **Ethics** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your project require ethics approval due to research on **human subjects, input on the environment, bio hazards** etc.?   Yes 🞏 No 🞏   1. If yes, have you initiated the ethics approval process at your home institution?   Yes 🞏 No 🞏  Shastri Institute cannot release funds without a “Certificate of Ethics Approval” from your home institution. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **23.** | **Please check the appropriate boxes on the right indicating that the necessary materials are included with your application. THE APPLICANT IS RESPONSIBLE FOR ENSURING THAT THE APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Documents** | | | | | | | | | | | | | | | | | | | | | | | | | **Status (Put × or ✓)** | | |
| 1. Completed Shastri Application Form with signature submitted on GMS portal at [**http://shastriinstitute.org/gms/**](http://shastriinstitute.org/gms/) | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Duly attested transcripts/photocopies  towards qualification acquired from post-secondary onwards | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Copy of the Passport | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Certificate of Ethical Approval (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Proof of registration in a Doctoral program | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Two letters of recommendations from academic supervisor and current or past instructors (**The applicants should request his/her supervisor to clearly state the proposed research is relevant to the Doctoral program**) | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Employer’s endorsement Form | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| 1. Formal Affiliation/Invitation letters obtained from the subject expert in your field who will supervise your project during the fellowship period in Canada/India. (send directly at [siciapplications@sici.org.in](mailto:siciapplications@sici.org.in) or via post to SICI office as hard copy) | | | | | | | | | | | | | | | | | | | | | | | | | 🞏 | | |
| **24.** | **Please provide two suggested evaluators. THESE CANDIDATES CANNOT HAVE HAD A PERSONAL OR PROFESSIONAL RELATIONSHIP WITH YOU CURRENTLY OR IN THE PAST.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name  Address  Telephone  Mobile  Fax  Email | | | | | | | | | | | | | | | Name  Address  Telephone  Mobile  Fax  Email | | | | | | | | | | | | |
| **25.** | **Please indicate whether you are associated with a SICI member institution.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **26.** | **Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Signature | | | | | | | | | | | | | | Date | | | | | | | | | | | | | |
| **27.** | **signature of the PhD Supervisor** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature Institution      Name Date Title | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **28. Forwarding** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a bonafide student of this  University/Institution. He/She is presently pursuing Doctoral Degree/ Post Doctoral Fellow in our department/School.  **Total No. of Semesters**:  **Semester currently pursuing**:    Signature Institution        Name Date Seal/Stamp | | | | | | | | | | | | | | | | | | | | | | | | | | | |