

## ICSSR NORTHERN REGIONAL CENTRE

### Application form for Capacity Building Workshop

<b>1.</b>	<b>Name of the Course Director</b>				
<b>2.</b>	<b>Name and address of the Organising Institute</b> <i>(Please give complete address including email and website. Also please note that grant will be given to only publicly funded institutions or other non-public institutions/ Organisation of outstanding reputation. Please furnish information as given in Annexure V for non-public institutions/Organisation)</i>				
		Telephone			
		Email			
		Website			
<b>3</b>	<b>Indicate whether Course Director belongs to any of the following category.</b>	General	<input type="checkbox"/>	SC	<input type="checkbox"/>
		ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>
		Woman	<input type="checkbox"/>	Minority	<input type="checkbox"/>
		Physically Handicapped	<input type="checkbox"/>		<input type="checkbox"/>
<b>4</b>	<b>Indicate whether this Institute is from</b> <i>(Tick one or more box, as applicable. For Educationally Backward Districts, see the list on ICSSR website)</i>	North East States	<input type="checkbox"/>		
		Educationally backward districts	<input type="checkbox"/>		
<b>5</b>	<b>Educational Qualification and academic attainment of the Course Director</b> <i>(Please enclose a brief academic CV as an Annexure II)</i>				
<b>6</b>	<b>Indicate if received any ICSSR grant previously</b> <i>(Please tick)</i>		<b>Ongoing Years</b>	<b>Completed Years</b>	
		Research Projects	<input type="checkbox"/>	<input type="checkbox"/>	
		Fellowships	<input type="checkbox"/>	<input type="checkbox"/>	
		Seminar/ International Travel Grant	<input type="checkbox"/>	<input type="checkbox"/>	

		Publication Grant	<input type="checkbox"/>	<input type="checkbox"/>
		Training Course	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>If completed, specify</b>	Date of Completion	<input type="text"/>	
		Report submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Declaration

If any of the above information supplied by me is proved to be incorrect, my project may be cancelled.

**Place:**

**Date:**

**Signature of the Applicant**

### **Undertaking**

The \_\_\_\_\_ (Name of the Organizing Institute) forwards application for the ICSSR grant for Capacity Building Workshop, With an undertaking that this organization will provide basic required infrastructure facilities for utilization of ICSSR Grant and disburse it as per the terms and conditions of ICSSR.

Place:

Date

**Signature of the Head of the Institute with stamp**

**Name and Designation**

## Annexure I

Application No \_\_\_\_\_  
(To be filled by ICSSR-NRC)

### ABSTRACT OF THE TRAINING COURSE

1	Title of the Training Course <i>(Please enclose Concept note of the course as Annexure-III)</i>	
2	Duration of the course with proposed dates and tentative schedule	
3	Number of Participants	Local <input type="text"/> Out Station <input type="text"/>
4.	Number of Resource Persons <i>(Attached a list as Annexure IV)</i>	Local <input type="text"/> Out Statopm <input type="text"/>
5	Total estimated expenditure	
6	Amount expected from ICSSR	
7	Funding from other sources and share of organizing institute	

#### Annexure II

Brief CV of the Course Director with details of academic attainments, especially research publications, projects undertaken. Research Methodology Course attended/conducted.

#### Annexure III

Concept note of the course with sub themes

#### Annexure IV

List of Resource Persons

#### Annexure V

Information required for Non-Public Institutions/ Organisations