



INDIVIDUAL GRANT PROPOSAL APPLICATION FORM

Please Note:

- Please use this form in case you are applying for pre/ post doctoral studies, individual research or a long term (i.e. more than one month) training programs.
- Two references are required for this application
- Applicant's referee should be able to comment on the applicant's academic/professional ability, general suitability for the proposed fellowship program and provide any other information they consider to be relevant for your application.
- Please provide proof of your education qualification in form of college or university transcripts or an attested copy of you degree/ diploma certificate.
- Please provide proof of your professional experience in form of a copy of your experience letter or certificate from your previous and present employers (if applicable)
- Please submit two copies of this application form and supporting documents (excluding references)

APPLICATION FORM

PLEASE TYPE OR WRITE IN BLACK/ BLUE INK USING BLOCK CAPITALS

Affix A
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Photograph

I. PERSONAL DETAILS:

Name : (Mr./ Ms./ Dr.) :
First Name Middle Name Surname

Gender: Male Female

Date of Birth (DD/MM/YYYY): **Passport No:**

Permanent Address:
.....
.....

Correspondence Address:
.....
.....

Tel. No. (Res.): **Tel. No. (Off):**

Mobile: **E-mail ID:**

Registration Number: **PAN Number:**

Marital Status: Married Single

II. PROGRAMME DETAILS

For what program do you require the fellowship grant? (Please tick the appropriate box)

- M. Phil PhD Post Doctoral Workshop
Skill Development Program Training Other (please specify)

Title of program:

Duration of the program:.....

Details of Place where you are undertaking your study program

Name of the Organizers/ University/Institute/Hospital/organization.....
.....

Address:
.....

City and State:

Country:

Please attach here a copy of the letter from the organization accepting your candidature into the study/ research program.

III. EDUCATION QUALIFICATIONS

Please list separately all courses that you have taken, including professional training and/or other training courses. In the case of qualifications taken outside India, please give the exact title of the qualification as it is known in the country where it was taken.

Sl.no	Name And Address Of The College/University/Awarding Body	Subjects/ Course Title	Month & Year	Result/ Grade	Qualification Title	Qualification Status (Received/ Pending)

IV. PROFESSIONAL EXPERIENCE

Please include details of paid and voluntary work.

Year and Month From -To	Name and address of employer	Your Job Title	Your Responsibilities	Work profile of the organization

V. REFERENCE

You are required to submit with this application two reference letters in sealed envelope. Also please give the following information about your referee

Referee no. 1

Name : (Mr./ Ms./ Dr.) :
First Name Middle Name Surname

Designation:

Address:
.....
.....

Contact Tel. No:Mobile:

E-mail ID:

Capacity in which you know your referee.....

Duration for which you know your referee.....

Referee no. 2

Name : (Mr./ Ms./ Dr.) :
First Name Middle Name Surname

Designation:

Address:
.....
.....

Contact Tel. No:Mobile:

E-mail ID:

Capacity in which you know your referee.....

Duration for which you know your referee.....

VI. FUNDING

Please note that the grant will be made to the applicant in form of an account pay cheque

Total funds required (in INR/ Rs.).....
(Please mention the details in the budget)

The time duration for which the grant is sought:

VII. STATEMENT OF PURPOSE

Describe on a separate page your reasons for applying for the study program you wish to undertake and explain how it will help you with the work you expect to do on completion of the course. You should include an outline of your intended profession. Also explain why you have applied for financial support. (Maximum 1000 words, please provide details on a separate sheet duly signed by you on every page)

VIII. RESEARCH/ TRAINING DETAILS

Please provide a synopsis of the training/ skill development program/ research study stating the following: - (please provide details on a separate sheet)

- Rationale for attending the skill development program or undertaking the research
- Aims & Objectives
- Methodology
- Duration
- Evaluation to demonstrate that the grant will be successfully used to achieve the goals of the study/ research / program.

In the case of funding for field study/research, please also mention

- The cities/ states/ countries you need to visit
- The objective of each visit
- The time duration of the visit
- The organization you will be attached for each visit (if applicable)
- The arrangements of logistics for each visit

IX. BUDGET

A detailed budget must be provided here, done in a format that is easily understood by the funding sources grant proposal committee, including details of your tuition fee, living expenses and other expenses.

Please also include a detailed rational explanation of why each component of the budget is necessary. (Please provide details on a separate sheet)

IX. BIBLIOGRAPHY

Please provide a bibliography of all of the referenced material and resources in the problem statement and methodology section.

X. DECLARATION

I certify that the information given in this application is correct and complete to the best of my knowledge.

I agree to abide by the rules and regulations of the organization.

I accept that I will update CCF about the progress of my research/training/program on completion of half of their grant time period.

I understand that if any discrepancy is found in my form I will be disqualified from the decision making process for acquiring the grant for fellowship.

Further, I accept that on completion of my studies, I would continue to associate with the Chronic Care Foundation Fellowship Programme, and would be willing to take the role of mentoring others.

Date: _____

Signature of Applicant: _____

Name of the Applicant in full (in block letters): _____