KERALA STATE COUNCIL FOR SCIENCE, TECHNOLOGY AND ENVIRONMENT

**WOMEN SCIENTISTS DIVISION**

APPLICATION FOR

## **“BACK –TO- LAB” RESEARCH FELLOWSHIP 2019-20**

## *[A Programme for Women having break in career in Science]*

SECTION – A

**GENERAL INFORMATION**

Insert Photo

1. Name (in Block Letters) :

2. Postal address for correspondence :

3. Telephone- Mob: Land line:

 E-mail:

4. Permanent address :

5. Age and Date of Birth :

 *(Enclose documentary proof)*

6. Are you Keralite by origin/domicile:

 *(Enclose documentary proof)*

7. Married/Unmarried :

8. Academic record (from Degree onwards)

*(Enclose Attested copy of Certificate and Mark-list of P.G course Degree)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | Degree awarded | University/ Institute  | Period *(From–To)* | Subject | Marks (%) | Year of award of Degree |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

9. Scholarships, Medals, Awards, Distinctions or Honours received

10. Whether passed examinations conducted by NET/GATE/UGC/ICAR/ICMR/KTU, etc. If yes, indicate Name of the examination, Year and Grade/Rank:

11. Details of previous employment,if any (Enclose attested copies of experience certificates issued by the competent authority)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Name of Institution | Designation |  Period *(From –To)**D/M/Y format* | Remarks if any |
|  |  |  |  |  |

12. Give details of research experience,if any (Enclose attested copies of experience certificate issued by the competent authority)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.****No.** | **Name of Institution** | **Designation** | **Duration** | **Nature of work** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Publications and Patents if any: [Attach reprints or photocopies of latest research papers (*maximum 3 nos*.) you have published]
2. Details of Research Publications (maximum 5 recent publications)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Author(s) | Name of the Journal/ Year, Volume | Title of the paper published | Current impact factor of the journal |
|  |  |  |  |  |

1. Details of patent (if any)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **National** | **International** | **Year** |
|  |  |  |  |

1. Fellowships availed prior to current application, if any :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of fellowship | Sponsoring agency | Duration | Amount of Supportreceived | Name of the Host Institute |
| From | To |
|  |  |  |  |  |  |

1. Have you applied for Research Fellowship in KSCSTE or any other agencies for the current research? If yes, give details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of fellowship | Sponsoring agency | Date of application | Amount of support sought | Name of the Host Institute |
|  |  |  |  |  |

1. Details of break in research.[*Candidates having break in research during the course of Ph.D. programme for a minimum period of 6 months are only eligible to apply*- *Order on sanction of leave issued by the Head of research centre, need to be attached as documentary proof*]

|  |  |  |
| --- | --- | --- |
| Sl.No. | Period (from-to) in Day/Month/Year format  | Reason for break in research |
|  |  |  |

1. **Details on Ph.D. programme**

 (i) Date of registration for Ph.D. :

 *(Candidates should not have completed 4 years as on the date of registration)*

 (ii) Name and Address of Ph.D. Research Centre (Institute/University):

1. Name & address of Research guide :

 (iv) Department / Subject :

 (v) Date of qualifying the course-work *(Course-work completion certificate to be attached):*

 (vi) Title of Ph.D. work :

 (vii) Technical report on Ph.D. work ( Not to exceed 2 pages)

1. Objectives and Scope of the work :
2. Brief Methodology :
3. Progress of work completed as on date:
4. Future work plan (in bullet points only):
5. Publications/Patents/awards on the topic till date :

 *(Include latest 3 research publications (if any) on the work)*

 *(viii)* Tentative date of submission of Ph.D Thesis *:*

1. **Details for Electronic transfer of grant** *(in case of sanction)*

|  |  |
| --- | --- |
| Beneficiary Name (Financial Head of Institution) |  |
| Beneficiary Bank Account No. (Institute) |  |
| Beneficiary Bank IFSC Code |  |
| Beneficiary Bank Name and Branch |  |
| Beneficiary Address (PI) |  |
| Mobile No. (PI)  |  |
| Email- Id (PI) |  |

SECTION – B

**DETAILS OF PROPOSED RESEARCH PROGRAMME**

***(Please provide details on the work yet to be done for completion of Ph.D. work)***

1. **Project Profile**
2. Title of the Programme:

(*The applicant should select a topic addressing a specific problem rather than going for a broad and vague area. Topics on specific issues that have relevance to the developmental issues of Kerala will be given priority)*

1. Subject area
2. Broad Subject Area : Life Sciences/ Physical Sciences/ Engineering/ Computer Science/

 Mathematical Sciences

1. Sub- Subject Area :
2. Focused Sub. Area
3. Institution where work is proposed to be carried out:

 *(Name, address, telephone no. , e-mail, & fax) -[ The proposed Institute should be the same as the P.D Research Centre of the applicant)*

1. Details of the Scientist Mentor

*(Name, Designation, Address, E-mail and contact numbers)*

 *(The Scientist mentor shall be the Research guide or any other faculty who is a permanent employee of the same research lab, having at least 5 more years of service left in the Institution before Superannuation)*

1. Duration of Fellowship sought :

*(The Fellowship shall be for a maximum period of 3 years or till the date of submission of Ph.D Thesis, whichever is earlier)*

1. **Technical Information**

 **Statement I**

1. Abstract of the proposed work *(limit to 300 words)*
2. National and international status
3. Gap areas of the proposed work
4. Objectives and Scope of the work
5. Work plan/Methodology *(including time schedule & chart)*
6. Expected deliverables/outcome
7. Significance of the expected outcome with respect to the latest in the field and its utility if any specific to the socio-economic or developmental scenario of the State of Kerala
8. Relevance of the study to the knowledge uplift
9. Scope for technology transfer and adaptation if applicable
10. Facilities available in the Host Institution which can be utilized for the proposed Research programme
11. **Name three institutions and scientists in the country who are working in the proposed area of research:**
12. **Biodata**
13. *Applicant (not to exceed 2 pages)*
14. *Scientist Mentor (not to exceed 2 pages*)

## **V. DECLARATION BY THE APPLICANT**

1. I agree to abide by the terms and conditions of the Fellowship grant.
2. I have explored and ensured that equipment and basic facilities will actually be available in the Research centre as and when required for the purpose of the work.

3. I am not an employee of any institution and am not in receipt of salary/fellowship or any other emoluments from any source for the Ph.D. programme.

 4. I also affirm that all statements and documents submitted along with this application are correct. I understand that any inaccurate or false information will render this application invalid and that, if admitted and awarded Back-to-Lab RF on the basis of such information, my candidature will be terminated. I also understand that I have to undertake the agreement, in prescribed format with KSCSTE for fulfilling the conditions necessary for awarding the Research Fellowship, if selected.

5. I have attached the following documents (tick , as applicable)

i. *Proof on Kerala nativity*

*ii. Proof on Date of Birth*

*iii. Marklist and Certificate for Post-Graduate Degree Course*

*iv. Ph.D Registration Order*

*v. Course-work Completion Certificate*

*vi. Institute Order on sanction of leave during the course of Ph.D. programme*

6. Soft copy of the application and supporting documents have been mailed to wsd.kscste@kerala.gov.in

Place Signature of Applicant:

Date: Name & Address:

**VI. CONSENT FROM SCIENTIST MENTOR**

 I hereby agree to be the Scientist Mentor for the Research Fellowship Project entitled “................

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………………………………………………………………………………………………………

………………………………………………………………………………………………………

 …………………………………………… (*Title of the project*)” submitted by…………………..

. ………………………………………… (*Name of the Woman Scientist*) under the ‘Back to Lab’

programme of KSCSTE proposed to be carried out at ………………………………………………

…………………….……………………………………………….(*Name of the Research Centre*)

I also certify that I am permanently employed and have more than 5 years of service left in the present institute. I further agree to abide by the guideline of the scheme for the successful implementation of the programme .

Place : Scientist Mentor

Date :

 Signature :

 Name & Address :

### **VII. ENDORSEMENT FROM THE HEAD OF HOST INSTITUTION**

 *(Where the Women Scientist is undergoing the Ph.D. programme)*

 **(To be given on letter head)**

Thesis Title:

1. Certified that the Institute welcomes the Research Programme proposed by Smt………...………………………………………………………..…,Research Fellow, and

Dr. ……………………………….…………………..., Institute nominee, as the Scientist Mentor (Research guide).

1. It is certified that the Scientist-Mentor assigned for the present study is a permanent employee of the Institute and **is left with more than five years of service** in the Institute. The supervision and support of the mentor can be extend for carrying out the proposed research programme by the candidate.
2. Certified that the equipment and other basic administrative facilities as per terms and conditions of the grant, will be extended to the investigator(s) throughout the duration of the project.
3. Institute assumes to undertake the financial and other management responsibilities of the project. The institute will also be responsible for monitoring the progress of her research if admitted under Back-to-Lab RF programme, and disbursing the fellowship to the candidate as per the terms and conditions of KSCSTE
4. In the unforeseen event of discontinuance of the project by the Research Fellow, the matter will be informed to the Council and the Institute will ensure settlement of the grant received and facilitate termination of the programme.

Name and Signature of Head of Institution

Date : …………………..

Place : …………………..

*(For University Departments: Registrar, Colleges: Principal, R & D Centres: Director)*

(Seal)