#### INDIAN COUNCIL OF AGRICULTURAL RESEARCH EDUCATION DIVISION KRISHI ANUSANDHAN BHAVAN - II, PUSA, NEW DELHI – 110012 (INDIA)

### APPLICATION FORM FOR NETAJI SUBHAS - ICAR INTERNATIONAL FELLOWSHIP

Recent

Photograph

Marks/Grades/

OGPA

**1. Full name** (block letters):

**2. Sex**: (M / F):

3. Date of birth:

4. Contact Details:
a. Postal address:
b. Permanent home address:
c. Phone no:
d. Email:
(All the correspondence will be sent with this email)
5. Father/Guardian's Name:
a. His relationship to applicant:
b. Occupation
c. Nationality
d. Address
6. Nationality:
7. Country of residence:
8. Passport details:
a. Aadhar No. (For Indian candidates' mandatory to receive the fellowships)
b. Passport no.:
c. Date of issue:
d. Place of issue:
e. Date of expiry:

Year

Subjects

9. Academic qualifications obtained (Graduate degree) onwards:

Degree

(Attach copies of documents)
University/Institution D

Sl

No.

1.

2.

3.

#### **10. Professional work experience and achievements** (attach supporting documents):

- (i) Awards/Honours/Scholarships like -Gold Medal, Best Thesis, NTS, JRF etc.
- (ii) NET
- (iii) ARS
- (iv) Research/Teaching experience
- (v) Details of Publications (Above NAAS rating of 4.0) in the following format.

S.No.	Authors and title of the publication	Name of journal	Scoring as per list of NAAS score of Science journals 2025	
			Journal ID	NAAS score
1.				
2.				
3.				
4.				

Note: Copies of Research papers should be attached.

#### 11. Fresh candidate / In-service candidate (Tick one):

- a. Year in which Master's degree completed in case of fresh candidate:
- b. Details of Employer organization (name, address, head of organization) in case of in-service candidate:
- c. Position held:
- d. Deputation permission from parent organization enclosed? YES / NO

#### 12. Details of Ph. D degree programme applied for:

- a. Discipline/subject:
- b. Name of the degree programme:
- c. Academic session and year of admission:
- d. Prescribed duration of the degree programme in years:
- e. Proposed area of study:
- f. Title of proposed research plan:
- g. Host University, name, address and contact person details:
- h. Acceptance letter for admission from Host University?: YES/ NO (If yes, copy of the letter is to be attached)
- i. Copy of research plan enclosed: YES/NO

#### 13. Names, addresses, contact phone numbers and e-mail addresses of two referees

(one of the two referees should preferably be his/her supervisor in the current occupation (if employed) and one who is an expert in the area and well acquainted with the candidate's work):

a.

Sl No	Name of Language	GOOD	FAIR	POOR
	Name and Address of clos pursue the degree progra		nds, if any, in the	e country you propose
	General remarks, if any, w fficient, attach a separate sl	•		se the space is not
Date:				Signature of Applica
lace:				
	CERTIF	ICATE FROM T	HE CANDIDAT	E
·\ T1	nereby declare that the parti	_		•
elief	, that I have understood and CAR International Fellowsh		the guidelines/ter	rms and conditions of the
elief, NS-IC ii) I		ip scheme.  Ph.D. degree progr	ramme at	

14. Proficiency in English:

Written GOOD( ) FAIR( ) POOR( )
Spoken GOOD( ) FAIR( ) POOR( )

## <u>CERTIFICATE TO BE FURNISHED BY THE INDIAN DIPLOMATIC</u> <u>REPRESENTATIVE</u> (in case of overseas applicants only)

sfied that
vill return to
f domicile)
ars about examinations passed, marks een checked with original documents and copies of relevant certificates, diploma d by the applicant.
Signature
Name Designation DFFICE SEAL Address
v f

## CERTIFICATE OF PHYSICAL FITNESS (By an authorized Medical Doctor)

Name of candidate: Age: Nationality: Address:
Country:
MEDICAL REPORT:
1. Medical History:
2. Physical Examination:
3. Lungs:
4. Summary:
I believe that this applicant <b>IS/IS NOT physically able to carry on</b> a full course of study, involving long hours of work in a college/university/institution in India/abroad.
In my opinion, the applicant's health and physical conditions in general are:
EXCELLENT / GOOD / FAIR / POOR
He/She was successfully vaccinated/inoculated against small pox on: He/She was presents no evidence of communicable disease or of any fatigue and has no physical defects.
GENERAL REMARKS:
Signature Address
Date: DOCTOR's SEAL:
IMPORTANT: As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid/cholera before coming to India. Similarly, those proceeding

for overseas studies may get appropriate vaccination as per requirements of the host country.

## CERTIFICATE OF PROFICIENCY IN ENGLISH (in case of overseas applicants)

This is to certify that Mr./Ms
who is a National/domicile of (name of country)
and is an applicant for the <b>NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP</b>
is <b>PROFICIENT / NOT PROFICIENT</b> in <b>WRITTEN / SPOKEN ENGLISH</b> and /or HAS / HAS NOT passed the English Proficiency Test conducted by the
Signature Designation
Place: Date:
SEAL of the Indian Diplomatic Mission

# FORMAT FOR REFEREE COMMENTS ON THE SUITABILITY OF CANDIDATE FOR NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP

Na	ame of the referee:
Dé	signation:
Af	filiation:
Co	ontact Phone:
En	nail:
•	I AM / AM NOT well acquainted with the work and achievements of Mr/Ms Son/daughter of Mr. and resident of
•	I am SATISFIED/NOT SATISFIED that he/she has the sincerity, zeal and capacity to complete the Ph.D. programme applied for, with funding support provided under the Netaji Subhas-ICAR International Fellowship.
•	I would, without hesitation, RECOMMEND / NOT RECOMMEND him/her for this programme.
	(Signature)
	Date