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

<u>APPLICATION FORM FOR</u> <u>NETAJI SUBHAS - ICAR INTERNATIONAL FELLOWSHIP</u>

Recent

2.Sex : (M / F):	кесепс
3. Date of birth:	Photograph
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:	

8. Passport details:

7. Country of residence:

1. Full name (block letters):

- 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:

9. Academic qualifications obtained (Graduate degree) onwards:

(Attach copies of documents)

Sl	University/Institution	Degree	Year	Subjects	Marks/Grades/
No.					OGPA
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.

14.	Proficiency in English: Written GOOD() Spoken GOOD()	FAIR() FAIR()	POOR() POOR()	
15.	Knowledge of languages o			
Sl No	Name of Language	GOOD	FAIR	POOR
16. pro	Name and Address of clos opose to pursue the degree p		nds, if any, in the	e country you
17. General remarks, if any, which you would like to offer: (in case the space is not sufficient, attach a separate sheet and sign the same)				
Date: Place:			Sig	gnature of Applicant
	CERTIFICA	ATE FROM THE	CANDIDATE	
belief,	ereby declare that the particula that I have understood and ag AR International Fellowship s	ree to abide by the		, .
` /	indertake to complete the Ph.E to my country after completion	0 1 0		and will

Signature of Applicant

CERTIFICATE TO BE FURNISHED BY THE INDIAN DIPLOMATIC REPRESENTATIVE (in case of overseas applicants only)

Certified that I have personally checked and I am sat	tisfied that
Mr./Mrs./Miss	
(Name of the applicant)	
is permanently domiciled in	
(Name of the country) and on completion of his/her studies in host country	
(Name of the country of	of domicile)
Certified that the entries in application form, particul obtained, subjects studies and syllabi covered have be that application is complete in all respects. Scanned or degrees of examinations passed have been enclosed	peen checked with original documents and copies of relevant certificates, diploma
	Signature
	Name Designation OFFICE SEAL Address

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 IS/IS NOT physically able to carry on 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

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 NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP
is PROFICIENT / NOT PROFICIENT in WRITTEN / SPOKEN ENGLISH 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

ame of the referee:
ésignation:
filiation:
ontact Phone:
mail:
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