



The Third World  
Academy of Sciences  
(TWAS)

# CSIR/TWAS Fellowships for Postdoctoral Research



The Council of  
Scientific and  
Industrial Research  
(CSIR)

## Application form

*(To be typewritten in English)*

The application form, together with enclosures, should be sent to:

• Dr. B.K. Ramaprasad  
Senior Deputy Adviser, International S&T Affairs Directorate  
Council of Scientific and Industrial Research (CSIR)  
Anusandhan Bhavan - 2 Rafi Marg  
New Delhi 110 001, India

and **one copy** to:

• Ms. H. Grant  
Third World Academy of Sciences (TWAS)  
c/o The Abdus Salam Centre for Theoretical Physics (ICTP)  
Strada Costiera 11  
34014 Trieste, Italy

**Deadline: 1 June of each year.**

# TWAS/CSIR Fellowship for Postdoctoral Research

Part 1: To be completed by the applicant

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<b>(1) Applicant:</b>			
Family Name:		Given Name(s):	Passport No:
Sex: <input type="checkbox"/> Male: <input type="checkbox"/> Female:		Date of Birth:	Date & Place issued:
Nationality:		Place of Birth:	Expiry Date:
Name & Address of Institution where employed:		Your position:	Passport size photo to be attached here
Fax:		E-Mail:	
<b>(2) Applicant's home address:</b>			
Full Postal address:		Contact person in case of an emergency:	
Phone:		Phone:	
<b>(3) Academic Background:</b>			
University:	Location:	Major field:	Year awarded:
Subject of specialization:			
Title of thesis for Ph.D.			

# Part 1: Applicant continued

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**(4) Employment record:**

Name of Employer:

Positions held:

Duties and work carried out:

**(5) List of your most important publications (please also send us your curriculum vitae):****(6) Awards/Scholarships received (if any):****(7) Details of research work to be carried out in India:**

Area of research you wish to pursue:

Specify the CSIR Laboratory where you prefer to work - choose from the attached list:

(8) List three referees who are familiar with your academic background:

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(9) Please indicate your proficiency in English (working language at CSIR Labs)

Tick the appropriate boxes:

	Very well	Well	Average
Spoken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(10) Date &amp; Period of visit to India:

Anticipated length of stay in India:

(11) International Travel: (please attach to this form a quotation for economy class air ticket)

Route:	Total cost of one way ticket US\$	Total cost of return ticket US\$
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(12) Signature of Applicant:

Signature:

Date:

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**Part 2:** to be completed by the head of applicant's institution

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(13) Name & Title of the Head of your Institution:

(14) Supporting statement in favour of your visit: (use additional sheet if necessary)

It is certified that Mr/Ms/Mrs..... is a regular employee and will be given leave of absence for the proposed visit to India for a maximum period of three years.

Signature of the Head of Institute:

Date:

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