



**Application Form**  
**2<sup>nd</sup> ICSSR Training Program on**  
**Research Methodology Course in Social Sciences for Ph.D. Students**  
**JAMIA MILLIA ISLAMIA (Central University), New Delhi.**  
**13<sup>th</sup> – 24<sup>th</sup> March 2015**

1. Name of the Applicant : \_\_\_\_\_  
 (Block Letters)

2. Father's/Husband's Name : \_\_\_\_\_

3. Date of Birth : 

|   |   |  |   |   |  |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|
| D | D |  | M | M |  | Y | E | A | R |
|---|---|--|---|---|--|---|---|---|---|

4. Sex : 

|      |  |        |  |
|------|--|--------|--|
| MALE |  | FEMALE |  |
|------|--|--------|--|

5. Qualification : 

|    |  |        |  |       |  |
|----|--|--------|--|-------|--|
| PG |  | MPhil. |  | Ph.D. |  |
|----|--|--------|--|-------|--|

6. Community belongs: 

|    |  |    |  |     |  |     |  |     |  |
|----|--|----|--|-----|--|-----|--|-----|--|
| SC |  | ST |  | OBC |  | MNR |  | GEN |  |
|----|--|----|--|-----|--|-----|--|-----|--|

7. Residential Address: \_\_\_\_\_  
 (Block Letters)  
 District \_\_\_\_\_ State \_\_\_\_\_ Pin Code: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

8. Name and Address of Institution & University: \_\_\_\_\_  
 District \_\_\_\_\_ State \_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone: \_\_\_\_\_

9. E-mail ID: \_\_\_\_\_

10. Date of Ph.D. Registration: \_\_\_\_\_ Number of Years Completed \_\_\_\_\_  
 (Attached an attested copy of the letter)

11. Mention Subject/Discipline of Social Sciences: \_\_\_\_\_

12. Have you already attended any Training Program? 

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

  
 Name of Program: \_\_\_\_\_  
 Year: \_\_\_\_\_

13. Are you outstation applicant & require TA during program? 

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

14. Do you require financial assistance for accommodation for program duration? (For reimbursement details see Brochure). 

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of the Applicant

Passport Size Colour  
 Photograph Signed  
 by the Applicant

**Certificate of Recommendation**

1. Recommended and forwarded.
2. Certified that he/she will be relieved of duties from the Institution and will be treated on duty leave for the program period as and when called to participate in the training program.
3. Certified that this University/College is included in the list of colleges under Section 12(B)/2(F) of the UGC Act.

Signature of the  
 Ph.D. Supervisor

Signature of Head of the  
 Department with Office Seal