University of Kerala

Application for Special Financial Assistance to SC/ST Research Scholars, 2019-20

1. Name of the Applicant (in block letters)

| 2. | Whether belonging to the | : | | | | |
|-----|--|-----------------------------------|---------|-------------------------|-----------------------|---|
| 3. | Place of Birth with the nar | : | | | | |
| 4. | Permanent Address | | : | | | |
| 5. | Address for Communication, including Contact Number | | : | | | |
| | Religion & Community (Attach attested copy of SSLC Book & Caste Certificate) | | : | | | |
| 7. | Whether belonging to SC/ST | | : | | | |
| 8. | Age & Date of Birth | | | | | |
| 9. | Name & Address of the Research Centre in which the candidate doing full-time Research leading to Ph.D | | : | | | |
| 10. | Academic Qualifications (Attach attested copies of the PG Degree Certificate along with marklists & certificates of additional qualifications, if any) | | : | | | |
| | Examinations passed – (Commencing from Degree Exams)[including M.Phil] | Name of the University/College | Subject | Reg.No./Year of passing | % of marks secured | Class/Distinction/ Grade Secured in the Exam. |
| | | | | | | |

| 11. | Date of Registration fo | or Ph.D : | | | | | | | |
|-----|---|---|------------------------|--|--|--|--|--|--|
| 12. | Total period of Research Experience (Attach : YearMonthsMonths | | | | | | | | |
| 13. | Subject & Topic of Research : | | | | | | | | |
| 14. | Details of Published papers, if any in recognized journals (attach the copy of the published papers) | | | | | | | | |
| | Title of paper published | Name of the Journal | Date of Publication | Whether Journal approved by the University | | | | | |
| | | | | | | | | | |
| 15. | Teaching Experience if (Attach copy of the Expe | f any,at college/school : erience Certificate) | | | | | | | |
| 16. | Whether applying for the Special Financial : Assistance for the first time | | | | | | | | |
| 17. | If any Installment of the grant was received: by the candidate previously, state whether the Utilization Certificate in respect of that amount had been submitted | | | | | | | | |
| 18. | Dated signature of the candidate : | | | | | | | | |
| 19. | Recommendation of the Supervising Teacher: with signature, Name and Official Address | | | | | | | | |
| 20. | Counter Signature of the Department/Institution | | | | | | | | |
| | Place : Date : | | | | | | | | |