

**ONLINE APPLICATION FORM**  
**NATIONAL COUNCIL FOR RURAL INSTITUTES**  
**Ph.D. RESEARCH FELLOWSHIP**

1.	Name of the Candidates (Fill in Block Letters)	
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2.	Father/ Husband Name	
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3.	Nationality	
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4.	Date of Birth (DD/MM/YYYY)	
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5.	Present Address	Street															
		Village															
		Taluk															
		District															
		State															PIN

6.	Phone No	Land Line (with STD Code)													
	Mobile No		+	9	1										
	eMail ID														

7.	Permanent Address	Street															
		Village															
		Taluk															
		District															
		State															PIN

8.															
	(a) Whether belong to SC/ ST/OBC/PwD . If yes enclose the certificate														

10. Particulars of Educational Qualification, Starting with Matriculation onward.				
Examination Passed & Year of Passing	School/College/ University	Subject Offered	Division/ Grade	Percentage of Mark/ Cumulative Grade Points

11.	<b>Particulars of Supervisor under whom the research is proposed to be undertake</b>														
(a)	Name														
(b)	Designation														



ANNEXURE-III

**THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR  
RELEASE OF ANNUAL FELLOWSHIP UNDER THE SCHEME OF  
NCRI RESEARCH FELLOWSHIP**

Assessment for release of fellowship to Mr./Mrs. \_\_\_\_\_

working at the Department of \_\_\_\_\_ of  
University/Institution/College \_\_\_\_\_ on completion of one year  
on date \_\_\_\_\_

**CONSTITUTION OF THE COMMITTEE**

(Name and designation)

1. [ 1 Outside Subject Expert- other than same Univ./Instt./College]
2. [ Supervisor of Research Scholar]
3. [ Head of the Department]

Date of joining:

Ph.D. registration No.:

Date of meeting:

Time:

**VENUE OF ASSESSMENT/INTERVIEW:**

**ASSESSMENT OF THE COMMITTEE**

The Committee assessed the progress of the candidate through their presentation followed by interview and recommended as follows.

**RECOMMENDATIONS**

(Strike out whichever is not applicable)

In view of the outstanding/very good/satisfactory performance of the NCRI Fellowship, and also the fact that he/she has published work to his/her credit, the committee makes the following recommendations.

Mr./Mrs./Ms. \_\_\_\_\_ may be released from NCRI Fellowship with effect from \_\_\_\_\_.

Signature	Signature	Signature
Date	Name	Name
Name of the Supervisor	Date	Date
	<b>Head of Department (Seal)</b>	<b>Registrar/ Director /Principal (Seal of University/Institution/College)</b>

Signature of the Candidate	
Name of the candidate (in block letters)	

For use by University/ College:

It is certify that necessary facilities will be provided for the research work of -----  
-----  
--(recommendation of the forwarding authority and views of supervisor/ Head of the Department regarding the candidate's suitability for the award should be obtained separately and enclosed with the application.

Place:

Date:

**Signature**

**Registrar/ Principal/ Director of University/ College/ Institute**