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**Jawaharlal Nehru Centre for Advanced Scientific Research (JNCASR)**

**(An Autonomous Institute under Dept. of Science & Technology,**

**Govt. of India-Institution Deemed-to-be-University)**

**Jakkur Post, Bengaluru - 560 064, INDIA**

**Application for Carrying out Project Work Under**

**\*Short-term Visiting Faculty Programme - (SVFP) (✓)**

**\*Long-Term Visiting Faculty Programme (LVFP) (✓)**

Please affix your passport-size photo here

|  |  |
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| 1. **Applicant Details:** 2. Name of the Faculty: 3. Designation: 4. Gender:(Tick √ appropriately) 5. Category:(Tick √ appropriately) 6. Date of Birth (DD/MM/YY): 7. E-mail: 8. Mobile No.: 9. College/Institution presently working: 10. Date of joining the present institution 11. Years of service at the present institution 12. Address of the College/Institution: 13. University Affiliated: | Dr./ Prof./Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male / Female / Others  GEN / SC/ ST/ OBC(NCL)/EWS/PwD  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Address for correspondence:** |  |
| 1. **Education Details:** 2. Highest Degree qualified: 3. Name of the Institution: 4. Year of Passing: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Publications:**   No. of Research Publications in the last ten years | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (List to be enclosed in a separate sheet) |
| 1. **Academic Achievements:** (Awards, medals, etc., if any) | |
| 1. Name of the JNCASR Faculty member with whom you wish to carry out research work: | Dr./Prof. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit/Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Description of the proposed Research Work | |
| 1. Area (s) of Interest: |  |
| 1. Duration of the proposed visit: | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Note:** Short-term is for about a week and long-term is for more than a week and up to one semester.

**Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submitted through: Date: \_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Principal/HOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seal:**

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