



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) (✓)**

<p>a. <u>Applicant Details:</u></p> <p>b. Name of the Faculty: _____</p> <p>c. Designation: _____</p> <p>d. Gender:(Tick ✓ appropriately) Male / Female / Others</p> <p>e. Category:(Tick ✓ appropriately) GEN / SC/ ST/ OBC(NCL)/EWS/PwD</p> <p>f. Date of Birth (DD/MM/YY): _____</p> <p>g. E-mail: _____</p> <p>h. Mobile No.: _____</p> <p>i. College/Institution presently working: _____</p> <p>j. Date of joining the present institution _____</p> <p>k. Years of service at the present institution _____</p> <p>l. Address of the College/Institution: _____</p> <p>m. University Affiliated: _____</p>	
<p>1. Address for correspondence:</p>	
<p>2. Education Details:</p> <p>a. Highest Degree qualified: _____</p> <p>b. Name of the Institution: _____</p> <p>c. Year of Passing: _____</p>	
<p>3. Publications: No. of Research Publications in the last ten years _____</p>	<p>(List to be enclosed in a separate sheet)</p>

4. Academic Achievements: (Awards, medals, etc., if any)	
5. Name of the JNCASR Faculty member with whom you wish to carry out research work:	Dr./Prof. _____ Unit/Dept.: _____
6. Description of the proposed Research Work	
7. Area (s) of Interest:	
8. 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:
