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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

|  |  |
| --- | --- |
| 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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