

### **INSURANCE INSTITUTE OF INDIA**

G-Block, Plot No.C-46 Opp. American Consultate, Bandra Kurla Complex, Mumbai – 400 051. Tel: 022-69654200/69654252/69654266 www.insuranceinstituteofindia.com

Please affix recent photograph (sign across)

# Application for Research grants for pursuing PhD in [Commerce/Economics/Management]

{*Strike off whichever is not applicable*}

## From:

| 1.       | Applicant's Last Name         | Middle Name                       | First Name            |
|----------|-------------------------------|-----------------------------------|-----------------------|
|          | Applicant's Last Mane         | Wildele Ivallie                   | Thist Name            |
| 2.       | Address for Corresponde       | nce:                              |                       |
|          |                               |                                   |                       |
|          | Address Line 2:               |                                   |                       |
|          | Address Line 3:               |                                   |                       |
|          | City:                         | _ District:                       | State:                |
|          | Pin Code/Zip code:            | Country:                          |                       |
| 3.       | Contact Details:              |                                   |                       |
|          | Landline No. (Res.):          | Landline No. (                    | Office):              |
|          |                               |                                   |                       |
| Та       |                               |                                   |                       |
| To<br>Th | e Secretary General,          |                                   |                       |
|          | urance Institute of India,    |                                   |                       |
|          | imbai                         |                                   |                       |
|          |                               |                                   |                       |
| Sir      | ,                             |                                   |                       |
|          |                               |                                   | s in (Subject)        |
| I ai     | n furnishing herewith all the | e details and enclosures as requi | red by the Institute. |
|          |                               |                                   |                       |
|          |                               |                                   |                       |

Thanking you,Yours Sincerely,Date:<br/>Place:(Signature)

#### **Format for Detailed Information**

| FI                          |  |
|-----------------------------|--|
| Full name:                  |  |
| Date of Birth:              |  |
| (DD/MM/YYYY)                |  |
| Gender:                     |  |
| Nationality:                |  |
| <b>Residential Address:</b> |  |
| (If different from address  |  |
| for correspondence          |  |
| mentioned earlier           |  |
|                             |  |
|                             |  |
|                             |  |
| If Employed:                |  |
|                             |  |
| Name of Organization:       |  |
|                             |  |
| Full Address of             |  |
| Organization:               |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |

1. Particulars of the Applicant (Name in BLOCK letters)

#### 2. Particulars of Academic Qualifications (Please attach attested copies of Certificates & Marksheets)

| Examination<br>Passed | Year of<br>Passing | Board /<br>University | Class /<br>Division | Percentage of<br>Marks | Subjects |
|-----------------------|--------------------|-----------------------|---------------------|------------------------|----------|
| Graduation            |                    |                       |                     |                        |          |
| Post Graduation       |                    |                       |                     |                        |          |
| M.Phil                |                    |                       |                     |                        |          |
| Other Qualifications  |                    |                       |                     |                        |          |

(Use additional sheets if required)

## 3. Details of Insurance Institute of India's Professional Examination: Associate/Fellowship

| Examination | <b>Registration Number</b> | Year of Passing |
|-------------|----------------------------|-----------------|
| Associate   |                            |                 |
| Fellowship  |                            |                 |

# 4. Details of Employment

| Name of the<br>Institution/organization  | Designation                    | From /To period                     |
|--|--------------------------------|-------------------------------------|
|  |                                |                                     |
|  |                                |                                     |
| . Other details:   |                                |                                     |
| Are you registered/admitted for<br>(If provisionally admitted, Please  |                                | No No                               |
| b. Details of Registration:  |                                |                                     |
|  |                                |                                     |
| Department: Commerce/E   |                                | ,                                   |
| :. Type of enrollment:   | Full time                      | Part time                           |
| (Please enclose Supervisor's recorrection<br>Telephone No. (Landline Of<br>Mobile No. of Supervisor<br><b>e. Theme/Title/Topic of Research</b> | fice/Residence):<br>:          | (Mention STD Code)                  |
| (Please enclose two copies of PhD  | proposal as submitted to univ  | versity)                            |
| . Probable Month/Year of its con   | npletion:                      |                                     |
| . Are you receiving any scholars   | hip/grants for this study fron | n other agency? Yes No              |
| a. Are you covered by JRF (Junio   | or Research fellowship)        | Yes No                              |
| If yes, please mention year from   | to                             | which Fellowship is applicable.     |
| 5. Have you applied to any other give details:   | agency for financial assistan  | ce for this PhD work? If so, please |
| Name and Address of the Agency   | :                              |                                     |

**Duration and amount of the Financial Assistance applied for: Status of Approval:** (Approved/Provisionally Approved) 7. Details of Previous Research Experience and Publications: (Enclose Details)

#### I hereby declare

- a) That I have read the rules regarding the award of research grants. I further declare that entries made in the form above are true to the best of my knowledge and belief.
- b) That if any of my statements is proved to be incorrect, the Research Grants awarded to me may be cancelled or the application may be rejected.

(Signature of the Candidate) (Name in BLOCK Letters)

#### **Recommendations of the Forwarding Authority**

(Views of the Supervisor and Head of the Department regarding the candidate's suitability for the Grant should be obtained separately and enclosed with the application).

Date: Place: Signature & Seal Registrar/Principal/Director University/College/Institute

# • Check List:

- Photograph, signed across
- Copy of PhD registration/admission
- Detailed PhD proposal (2 Copies)
- Copy of JRF grant (if applicable)
- Attested copies of Academic certificates
- Attested copies of Diploma Certificates (Associate/Fellowship)
- Last Employment details
- Supervisor's (PhD guide) Recommendations
- Previous Research Experience/Publications details and copies of some prominent publications
- Bio-data (optional)