

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 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:
Place:(Signature)

Format for Detailed Information

FI	
Full name:	
Date of Birth:	
(DD/MM/YYYY)	
Gender:	
Nationality:	
Residential Address:	
(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 Passed	Year of Passing	Board / University	Class / Division	Percentage of 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	Registration Number	Year of Passing
Associate		
Fellowship		

4. Details of Employment

Name of the Institution/organization	Designation	From /To period
. Other details:		
Are you registered/admitted for (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 Telephone No. (Landline Of Mobile No. of Supervisor e. Theme/Title/Topic of Research	fice/Residence): :	(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)