

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी INDIAN INSTITUTE OF ECHNOLOGY GUWAHATI

ALUMNI AND EXTERNAL RELATIONS

APPLICATION FOR GRANTS/FELLOWSHIPS (To be filled in by the IITG Faculty)

| 1. | Name of the Fellowship/Grant: | Monthly Stipend & other supports: |
|---|---|--|
| | | |
| 2. | Have you received any formal invitation letter from any University /universities (Yes No); If Yes | Name of the host University: |
| 3. | Research to be undertaken in the host university: | Period of stay at host University |
| 4. | Last date to reach the completed Application at: (Date & Address) | From: To: Name of your Referees (If any): |
| | | |
| Personal Data: | | |
| 5. | Name of the Faculty: | |
| 6. | Dept/Centre: Employee No: | Email ID: Mobile No: |
| 7. | Passport No: Passport valid till: | Permanent Address (With Phone Number): |
| 8. | Have you availed any other fellowship earlier (Yes / No): If Yes; | Period of leave to be applied (If selected) |
| | Name: Date: | From: To: |
| UNDERTAKING | | |
| I will officially declare the result of the above grant/ scholarship in writing to the office of Alumni and External Relations (AER) if selected. | | |
| (Applicant's Signature) | | |

Note: (a) Please find attach the original application form & copies of Invitation letter from Foreign Universities/ Institutes. b) No. of attachments:

HoD/HoC

DoAER For all cases

Director For approval