**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**

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# Application for S**pecial Call for Studies Focusing on Social Science**

# **Dimensions of Covid-19 Corona virus Pandemic**

|  |  |
| --- | --- |
| **Broad research priority theme**  **(**Refer advertisement) | **COVID19 -** |

**I. PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Name of the Applicant** |  | |
| **2.** | **Address for communication**  (*including mobile number and email ID)* |  | |
| **3.** | **Permanent Address** |  | |
| **4.** | **Present Position and Office Address** |  | |
| **5.** | **Date of Birth (DD/MM/YYYY)** and age as on last date of application. | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_ Years \_\_\_\_\_ Months | |
| **6.** | **Indicate your category** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | GEN |  | SC |  | ST |  | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Male |  | Female |  | Transgender |  | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Persons with Benchmark Disability | Yes |  | No |  | |

**II -Educational Qualifications of the Project Director**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Degree | Name of the University | Year of Passing | % of marks | Main Discipline |
| Master’s |  |  |  |  |
| M. Phil. |  |  |  |  |
| Ph. D. |  |  |  |  |
| Post-Doctoral |  |  |  |  |

**III-Research Experience of the Project Director**

|  |  |  |
| --- | --- | --- |
|  | Number | Brief Detail (Title and supporting Institution) |
| Projects Completed  (Maximum 5) |  |  |
| Ongoing projects, if any  (with completion date) |  |  |
| Fellowships |  |  |
| Ph.D Guidance |  |  |
| M.Phil Guidance |  |  |
| Papers published in Journals (max. Best 5) |  |  |
| Papers published in Books (max. Best 5) |  |  |
| Books published (max. Best 3) |  |  |

**Are you in Service? \* Yes \* No**

**If yes ---**

|  |  |
| --- | --- |
| Designation: (Professor / Associate Professor / Assistant Professor / Others)  Employer’s details  Name:  Address:  Contact Number:  Email ID: Website: |  |

**If No ---- Present Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| If retired,  Last Designation: (Professor / Associate Professor / Assistant Professor / Others)  Last Employer’s details |  |
| **Whether received any financial assistance from ICSSR (latest 2 in case of yes)**  Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Scheme and Year of Award\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Completion, if completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If incomplete, proposed date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Whether received any financial assistance from any other national/international institution/agency (latest 2 in case of yes)**  Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year of Award \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Completion, if completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If incomplete, proposed date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**IV-Affiliation Details**

**(*ICSSR reserves the right to affiliate the study with any of its Regional Centres or Research Institutes or any institute of importance in the interest of convenience and quality work)***

|  |  |
| --- | --- |
| **Name & Address of the affiliating institution**  **(***website including phone number, email ID***)** |  |
| **Type of affiliating institution** | Institute of National Importance  Central University  State University  Govt. funded Institutions  ICSSR Research Institute  Private Institutions with UGC 12(b) status |

**V-Details of Project Co-Directors (if any, Up to a Maximum of 3)**

|  |  |  |
| --- | --- | --- |
| **Name and Address with contact details Mobile No/email ID** | **Present Position** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

**VI- Project Proposal**

**(i) Title of the Research Proposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ii) Abstract (approx. 200 words)**

**(iii)Introduction of the proposed study (approx. 200 words)**

**(iv) Major Research Works reviewed: 1) International and 2) National; not less than 15 to 20 important works (approx. 300 words)**

**(v) Statement of research problem (approx. 200 words)**

**(vi) Objectives of the Proposed Study (approx. 100 words)**

**(vii) Framework and Methods proposed for research (approx. 300 words)**

**(viii) Innovation/Path breaking Aspect of the Proposed Research (150 words)**

**(ix)Expected Output such as papers in journals, edited book/(s), book, policy papers, document, dataset etc. with proposed timeline and place of publications (300 words)**

**(x)Relevance of the proposed study for policy-making (approx. 200 words)**

**(xi)Relevance of the proposed study for society (approx. 150 words)**

**(xii) Duration of Study and Successive monthly Milestone set for the study (100 words):**

Duration (3 to 9 months, 1 year in exceptional cases):

Month-wise Milestones (Depending on the proposed duration of the study):

**(xiii) Budget and Duration**

|  |  |
| --- | --- |
| **Total Grant expected under the scheme (in Rs.)** |  |
| **Duration Proposed (months)** |  |

**(xiv)Proposed budget of the study under expenditure heads with justification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Heads of Expenditure** | **Number** | **Months** | **Rate** | **Amount** |
| 1. Research Staff |  |  |  |  |
| 1. Research Associate |  |  |  |  |
| 1. Research Assistant |  |  |  |  |
| 1. Field Investigator |  |  |  |  |
| 2. Field work |  |  |  |  |
| 3. Equipment and study material |  |  |  |  |
| 4. Contingency |  |  |  |  |
| **TOTAL** |  |  |  |  |
| 5. Publication of report - approx.5-7%  (The allocation for publication amount will be retained by the ICSSR for publication of the final report if it is found to be high quality by the expert/experts appointed by the ICSSR) |  |  |  |  |
| **Grand TOTAL** |  |  |  |  |
| Affiliating Institutional overheads over and above the grand total  (Affiliating Institutional overheads @ 5% of the approved budget or Rs. 1 lakh whichever is less) |  |  |  |  |

**Justification of different heads of budget** (write in 30 words each)

1. Research Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Field work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Equipment and study material

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Declaration

I hereby declare that:

1. I am not a defaulter of any previous ICSSR grant.
2. I have not availed ICSSR pay protection scheme previously.
3. I have neither been subjected to any disciplinary action nor found guilty of any offence in my career.
4. The Research Proposal and its contents are entirely original and as per the standard practice.
5. I have not concealed any information in my application. If ICSSR finds any contrary information at any stage, it may cancel the study out rightly.

Place:

Date:

**Signature of the Candidate**

## **Hard Copy of the following Annexure/Checklists will be required for submission after shortlisting of proposal.**

1. Application form in prescribed format

2. Research Proposal along-with summary

3. Forwarding letter from the University/Institute of Affiliation

4. CV of all Researchers (PD and Co-PDs) with their signature and consent in writing (Brief CVs, not more than four pages each).

**Forwarding Letter by the Head of Affiliating Institution**

The In-charge,

RP Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area

Aruna Asaf Ali Marg,

New Delhi - 110067

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the organization) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the applicant) for ICSSR Research Programme/Project.

We agree to administer the funds, provide basic research infrastructure facilities, make available all its research facilities such as library, laboratory and other equipment and other office assistance for the Research Programme/Project.

If the scholar is working on the Programme/Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Programme/Project to a new institution, subject to the approval of the ICSSR. The institution, however, shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per ICSSR rules.

On completion of the Programme/Project, the institution will make sure that all books/periodicals/equipment purchased out of the project grant by the scholar are deposited with the affiliating institutions and same must be acknowledged along with book entry by the authorized person of affiliated institution to ICSSR.

Signature of the Director of the Institute /

Principal/ Registrar

(with name and stamp)

Place: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the applicant)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_