



IoE-Directorate  
प्रतिष्ठित संस्थान-निदेशालय  
University of Hyderabad  
हैदराबाद विश्वविद्यालय  
Gachibowli, Hyderabad – 500046  
गचीबोवली, हैदराबाद - ५०००४६



## IoE - PDRF APPLICATION FORM

NAME OF DEPARTMENT / CENTRE : HUMANITIES / .....

{Please fill the application form and attach all required documents and submit by email to the respective email address of the Department / Centre concerned, as given in the notification, by 05:00 PM IST 21-04-2023.

*This form along with annexures may be converted into a single PDF file and sent by email.}*

APPLICANT'S PERSONAL DETAILS	
NAME	
GENDER	
DATE OF BIRTH & AGE	
NATIONALITY / SOCIAL STATUS / CATEGORY	
PERMANENT ADDRESS	
ADDRESS FOR CORRESPONDENCE	
EMAIL ADDRESS & PHONE / MOBILE	
APPLICANT'S PROFESSIONAL DETAILS	
DETAILS OF QUALIFICATIONS (IN REVERSE CRONOLOGY). INCLUDE NAME OF THE DEGREE, YEAR OF PASSING, CLASS / DIVISION OBTAINED AND NAME OF THE UNIVERSITY	COPIES OF CERTIFICATES ARE TO BE ATTACHED AS ANNEXURE

SUMMARY OF Ph.D. WORK (SYNOPSIS OF THESIS)	ATTACH AS ANNEXURE
AREA(S) OF SPECIALIZATION	
DETAILED CV WITH PREVIOUS POST DOCTORAL EXPERIENCE, IF ANY, LIST OF PUBLICATIONS, IF ANY, AND NAMES OF THREE REFEREES (ENCLOSE A MAXIMUM OF 3 REPRINTS)	ATTACH AS ANNEXURE
SUMMARY OF YOUR RESEARCH EXPERIENCE AND SKILL SETS	ATTACH AS ANNEXURE
<b>APPLICANT'S PROPOSED RESEARCH ACTIVITY</b>	
DETAILS OF RESEARCH PROPOSAL WITH CLEAR OBJECTIVES, DELIVERABLES, MILESTONES, ETC	<p style="text-align: center;"><b>ATTACH AS ANNEXURE</b></p> <p>PROJECT PROPOSAL FORMAT: (ABOUT 2500 WORDS)</p> <ul style="list-style-type: none"> <li>• TITLE OF THE RESEARCH PROJECT</li> <li>• BRIEF STATEMENT OF THE PROJECT</li> <li>• REVIEW OF EXISTING WORK IN THE AREA</li> <li>• SIGNIFICANCE OF THE PROPOSED PROJECT</li> <li>• DETAILED STATEMENT OF THE PROJECT</li> <li>• METHODOLOGY &amp; PLAN OF ACTION</li> <li>• EXPECTED OUTCOME, SUCH AS NEW THEORIES / ARGUMENTS / PUBLISHING QUALITY PAPERS / ARTICLES, BOOK / BOOK CHAPTERS, AND OTHERS</li> <li>• SELECT BIBLIOGRAPHY</li> </ul>
NAME AND AFFILIATION OF THE FACULTY MEMBER WHO HAS AGREED TO MENTOR THE APPLICANT	ATTACH ENDORSEMENT LETTER WITH DIGITAL SIGNATURE / CONFIRMATION EMAIL FROM THE MENTOR

I STATE THAT THE APPLICATION IS COMPLETE IN ALL RESPECTS AND ALL INFORMATION IS CORRECT. I UNDERTSAND THAT IF ANY OF THE INFORMATION PROVIDED IS FOUND TO BE FALSE, THE FELLOWSHIP WILL BE TERMINATED IMMEDIATELY, AND THE APPLICANT WILL BE LIABLE TO REFUND THE FELLOWSHIP RECEIVED.

**Name and Signature of the Applicant:**

**Signature / Date**