

APPLICATION FOR RESEARCH TRAINEESHIP/ USE OF
LABORATORY FACILITY FOR RESEARCH



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

NITM
NATIONAL INSTITUTE OF
TRADITIONAL MEDICINE

ICMR-NATIONAL INSTITUTE OF TRADITIONAL MEDICINE, BELAGAVI

APPLICATION FOR RESEARCH TRAINEESHIP/ USE OF LABORATORY FACILITY FOR RESEARCH

(Please fill up all details, sign and send it by hard copy to:

Director, ICMR-National Institute of Traditional Medicine, Dept of Health Research (Govt of India),
Nehru Nagar, Belagavi 590010, Karnataka.

OR scanned copy by email to director.nitm.bg@gmail.com with C.C to mentor scientist)

Space for recent
photograph

1 Name of applicant:

Nationality:

2. EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (Matriculation/10th class/SSLC ONWARDS)

SL. No.	EXAMINATION/ DEGREE	UNIVERSITY/ INSTITUTE/ COLLEGE/ BOARD	YEAR /DURATION	SUBJECT	DIVISION/ CGPA / % OF MARKS

3 Communication/Residential address:

Mobile Number:

E-mail ID:

4 Institute Address:

5 Whether forwarded by competent authority?

Yes

No

6 Whether individual or group training?

Individual

Group

7 Whether dissertation /thesis required?

Yes

No

8 Purpose of application:

(Please provide brief on why and what you want to do at ICMR-NITM).

8a. Will the research work be done entirely in ICMR NITM or in Collaboration? Yes No
If Yes, Name of the Institute/Organization where rest of the work will be done:

8b. Title of the proposed Project, if already planned:

“Ragging is totally banned in the institute and if anyone is found to be indulged in such activity will be punished accordingly.”

8c. Objectives of the proposed research study:

- A.
- B.
- C.

8c. Which of the objectives will be achieved at ICMR NITM?

9 **Discipline/Department:**

Proposed scientist(s) mentor/guide of ICMR NITM

10 **Role of ICMR-NITM Scientists in the Proposed Research Project** Guide Co-Guide

11 **Will there be any Guide or Co-Guide from outside of ICMR-NITM?** Yes No

If Yes, Name, contact number of such Guide/Co-Guide and their affiliation (Organization/Institute with the department):

12 **Duration of traineeship/Research Work sought:** Years Months Days

13 **Training/Research work dates (DD MM YYYY)** From:
To:

13 **Accommodation:** *(Modest accommodation facility without food may be made available to limited applicants. Guest House may be available up to 6 days maximum on a shared basis).* Accommodation: Required Not required
Guest House: Required Not required
 Can manage if not available

14 **Ready to pay bench fee/research fee, if applicable:** Yes No
(Depending on purpose, topic of work, costs involved, etc ICMR-NITM will fix the appropriate fee for each training /laboratory use request).

Declaration from student/candidate:

I _____ (Name), hereby declare that, if permitted by the competent authority of ICMR-NITM, I will obey the rules and guidelines of ICMR-NITM and carry on the research work. Any publication/presentation/scientific communication or Intellectual property generated out of the research work at ICMR-NITM will be done only with due credit, correspondence, and written permission of the guide(s)/co-guide(s) & Director, ICMR-NITM. I will not publish or seek Intellectual property rights without giving credit to the guide(s)/Co-guide(s) involved at ICMR-NITM. I will submit all the records, documents, lab records, results, etc.. in digital or hardcopy formats generated out of the work at ICMR-NITM to the guiding/mentoring Scientist from ICMR-NITM before completion of the internship/traineeship.

Date: _____
Place: _____ Signature of candidate

Please provide/ attach:

- (i) Detailed CV/Biodata with at least educational details from X/SSLC, Skills & Academic achievements*
- (ii) College/University reference letter/ Forwarding letter (if applicable).*

Declaration of Guide/Co-guide from Collaborating or Institute of the student:

I _____ (Name), _____ (Designation),
at _____ (Institute / Organization),
hereby declare that any work carried out at ICMR-NITM will be duly credited either in publication/presentation/scientific communication or Intellectual property rights like patents sought out of the work done at ICMR-NITM. Any publication or Intellectual property generated out of the research work at ICMR-NITM, will be done only after written permission of the guide(s)/co-guide(s) & Director, ICMR-NITM. I will not publish or seek Intellectual property rights without giving credit to the guide(s)/Co-guide(s) involved at ICMR-NITM.

I hereby certify that the information provided by the student/candidate is true and accurate.

Date: _____
Place: _____
Seal: _____ Name and Signature of the Guide/Co-Guide from
collaborating or Host institute of the student

Declaration of Head of the Institute/Head of the department from Collaborating or Institute of the student:

I _____ (Name), _____ (Designation),
at _____ (Institute / Organization),
hereby certify that the information provided in this form is complete, true and accurate.

I attest and recommend this application for consideration at ICMR-NITM Belagavi.

I will not permit the publication /presentation/scientific communication or Intellectual property rights like patents sought out of the work done at ICMR-NITM without due credit to ICMR-NITM and without consent from ICMR-NITM.

Date:
Place:
Seal:

Signature of the Head of the Institute/Department from
collaborating or Host institute of the student

-----*For Internal ICMR-NITM USE Only*-----

Forwarding by Proposed ICMR-NITM Scientist: Recommended Not Recommended
Comments (If Any):

Name Signature of the Scientist with Date

Rejected (Provide reason in Comments) Additional Information Sought Placed to Academic Committee
Comments (If Any) by Academic Committee Secretary:

Signature of the Member Secretary of Academic Committee
Decision of Academic Committee: Recommended Not Recommended Other _____
Comments (If Any):

Signature of the Members of the Academic Committee, with Name & Date (If the inputs are not recorded by email or Meeting Minutes)

- | | | |
|-----|-----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |
| 10. | 11. | |

Signature of the Chair, Academic Committee
Date:

Signature of the Member Secretary of Academic
Committee

Reference document No of Minutes of Meeting or e-mail Correspondence:

Communication sent to candidate (By Office Staff) : Sent Withheld
Comments (If Any):

Date:

Signature of the Office Staff

Date of the certificate issued/to be issued :

Date of presentation of research work :