

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](mailto: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/10<sup>th</sup> 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 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 upto 6 days maximum on 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 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 generating 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 generating 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:

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):

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:

Decision of Academic Committee:  Recommended  Not Recommended Other \_\_\_\_\_  
Signature of the Member Secretary of Academic Committee  
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. |

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