**Preliminary Application Form for Research Fellowships at the Centre for Brain and Mind (CBM)**

Please submit as single PDF file to: [cbm@ncbs.res.in](mailto:cbm@ncbs.res.in) – the maximum allowed file size is 2 MB

*Contents below to be filled by the applicant*

1. Title of Project

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2. Project Duration

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| (Years & Months) |

※ Project duration must be no more than 5 years all together.

3. What is your scientific interest in relation to the Centre for Brain and Mind (300 words)

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4. How will the proposed project further the science being pursued at Centre for Brain and Mind (300 words)

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5. Please list the resources of Centre for Brain and Mind that will be used for the proposed research

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6. Applicant Details:

a) General Information:

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| Name | | |  | | | | | | | | |
| Date of Birth | | |  | | | | | | | | |
| Gender | | |  | | | | | | | | |
| Current Organization | | |  | | | | | | | | |
| Department | | |  | | | | | | | | |
| Address | | |  | | | | | | | | |
| Office phone # | | |  | | | | | | | | |
| Mobile phone # | | |  | | | | | | | | |
| e-mail address | | |  | | | | | | | | |
| PhD year of defense | | |  | | | | | | | | |
| PhD viva date | | |  | | | | | | | | |
| Summary of the research work carried out during PhD (250 words) | | |  | | | | | | | | |
| Honors/Awards | | |  | | | | | | | | |
| Previous posts held (most recent first) | | | | | | | | | | | |
| **From** | | **To** | | | **Position** | | | **Organization** | | **Supervisor** | |
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| Education / training | | | | | | | | | | | |
| **From** | **To** | | | **Qualification** | | **Subject** | **Country** | | **Institution** | | **Supervisor** |
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b) Publications (Publications should be in chronological order, with most recent first. It should have names of all authors till 10 names; name of journal in italics; year of publication, volume, issue, page numbers; number of citations at present. Please provide asterisk beside the corresponding author and underline the first authors)

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c) Patents (Please provide the details of patents filed/granted with the following details: Title, inventors, granting agency, patent number, year and status of the application)

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d) Scientific meetings attended (Please provide a numbered list. Include only the following information: title of the conference/meeting, dates, place, extent of your participation (talk, poster, attendance)

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e) Please summarize your scientific career to date, emphasizing key achievements, awards and major research contributions

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7. **Other Grants and Applications:**

a) Research Grants / Fellowships from Other Funding Agencies:

Please indicate your role in the funded Grant/Fellowship as Principal Investigator/Co-Investigator/etc.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Start  (mm/yyyy) | Duration | Currency | Total Award Amount | Funding agency | Type | Title | Role of  Applicant |
|  |  |  |  |  |  |  |  |

b) Other Applications

i) Do you have any grant or fellowship applications in progress with any other (domestic or international) funding agency?

ii) If yes, please provide the following details:

* Name of the funding agency:
* Name of the funding scheme:
* Project title:
* Abstract (200 words):
* Please indicate degree of overlap with current India Alliance application, if any:
* Type of funding: Fellowship/ Grant:
* Role of Applicant on Grant Application/Fellowship Application. It is expected that the Applicant will always be a PI on a Fellowship Application:
* Expected date of decision:

**Project Summary**

8. Details of Research Project

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| Please mention the overarching Research Question and the importance to the field (100 words) |
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| Please list the summary of the proposed research and list the research goals as separate entries |
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| Please elaborate how the research will address India’s mental health needs |
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| How would the proposed project allow you to create your own niche and provide a competitive edge  over the others working in the same field? |
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| Research references  *(Use consistent referencing style)* |
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9. Referees/ Recommendation:

Two letters are mandatory to consider the form complete:

● Two letters of Recommendation from professional colleagues familiar with your work including one from a direct supervisor, past or present.

Both letters must be sent confidentially and directly to [cbm@ncbs.res.in](file:///D:\Users\raghu\Library\Containers\com.apple.mail\Data\Library\Mail%20Downloads\5BE5984D-2D98-44EE-825A-F1613FD3E91B\cbm@ncbs.res.in), clearly stating in the subject line, the applicant’s name and the type of letter (Letter of support or recommendation).

10. Signature of the Applicant:

Name:

Signature:

Date: