



**COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH  
HUMAN RESOURCE DEVELOPMENT GROUP  
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT  
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA  
Email: tgsm[at]csirhrdg[dot]res[dot]in  
Phone:011-25841037**

**Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists / other non-regular researchers for participation in International Scientific events abroad**

**MAIN APPLICATION**

1. Full Name Dr/Mr./Ms \_\_\_\_\_  
(In CAPITAL letters)      First Name                      Middle Name                      Last Name
2. Date of Birth:              Date\_\_\_\_      Month \_\_\_\_      Year \_\_\_\_
3. Gender:      Male       Female
4. Nationality: \_\_\_\_\_
5. Designation/ Current Affiliation: \_\_\_\_\_
6. Applicants address for Communication: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_ Mob \_\_\_\_\_ e-mail ID \_\_\_\_\_
7. Place of Work: Dept: \_\_\_\_\_ Institute \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_
8. Contact details of Supervisor: Name \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_ Mob \_\_\_\_\_ E-mail ID \_\_\_\_\_
9. Educational qualifications:

Degree	University / Institute	Year of Passing/ Expected Completion Date	%age of Marks	Division
1. M Sc / MBBS / BE/ B Pharma /_ (Pl tick mark √)				
2. PhD / MD / ME/ M Pharma/_____ (Pl tick mark √)				
3. Others				



22. Research papers published in indexed journals by the applicant in the last 5 years. (**Attach Reprints of the two best papers. Do not include abstracts, conference proceedings etc.**)

S. No	Names of all authors	Title of the paper	Name of the Journal and Volume, Year and Page Number
1			
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23. Details of foreign travel assistance received, if any, from CSIR in the last 3 years:

Organization	Year (Date)	Place Visited	Sanction No.	Amount Received (in Rs.)

24. Any other information:

25. I further declare that the information furnished above is correct and that I have not availed support from CSIR in the last 3 years under this Scheme.

Date:

Signature of the Applicant

Place:

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**To be filled by the Supervisor**

**(Application should not be forwarded beyond the enrolment / tenure period of the candidate)**

Recommendation of the Head of the department giving justification and relevance for seeking assistance:

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It is also certified that the information provided by the applicant is correct.

\_\_\_\_\_  
Signature of the Supervisor

\_\_\_\_\_  
Signature of the Director/ Registrar/  
Dean/ Principal / Head of the Institution

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

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

Date:

Date:

Seal: