

# **INDIAN NATIONAL SCIENCE ACADEMY**

**Bahadur Shah Zafar Marg, New Delhi 110 002**

**Application form for Research support for grant  
to an INSA Young Scientist Medal Awardee**

**( Two copies are to be submitted)**

1. Name of the Young Scientist  
Designation  
Address  
Tel./Mobile Number  
FAX  
E-mail
2. Date of Birth:
3. Year of receipt of INSA Young Scientist Medal:
4. Field of Specialization:
5. Title of the Research Project:
6. Duration of the Project:
7. Background and precise objectives of the project, highlighting the lacunae in existing knowledge which is attempted to be bridged (attach separate sheet if necessary)
8. Detailed Research Plan (phased plan of study for 3 years)
  - a) Methodology (Clearly spell out the steps involved in proposed studies. Avoid generalities. Focus on scientific and technical details only).
  - b) Time schedule of activities giving milestones.
  - c) Organisation of work elements (indicate the facilities already existing with you in your institution).
  - d) How the proposed investigation is expected to add to the existing scientific knowledge (for projects aiming at product/process development, a patent search may be obtained and status indicated).

9. Grants required from INSA for 3 years

	<b>Ist Year</b>	<b>IInd Year</b>	<b>IIIrd Year</b>
a) Fellowship for self			
b) Contingency			
c) Travel			
d) Miscellaneous			

**Total**

10. Whether this or similar proposal being supported or has been submitted to other finding organizations, if so, please indicate the details (title of Project grant etc.) as under:

Past

Present

Pending

11. Name of the Laboratory or organization with full address which will extend facilities for carrying out the research project.

12. Indicate names of three experts with address in the field of proposed study:

- a)
- b)
- c)

Signature of the Project Investigator  
(Young Scientist)

**ENDORSEMENT**

Certified that basic facilities for understanding the proposed project are available at our institution and the same will be extended to the Investigator, and the other administrative facilities as per the terms and conditions of the grants will be provided.

Date:

Signature of the Head  
of the Institution \_\_\_\_\_

Place:

Name and Designation \_\_\_\_\_  
(Office Seal)