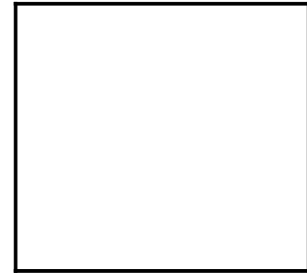


**INLAKS SHIVDASANI FOUNDATION
INLAKS RESEARCH TRAVEL GRANT
APPLICATION FORM**



PHOTO

NAME OF THE APPLICANT- Mr/Ms

DATE OF BIRTH

PERMANENT ADDRESS

PRESENT POSTAL ADDRESS

E-MAIL ADDRESS

MOBILE / TELEPHONE

UNIVERSITY REGISTERED AT

DATE OF Ph.D REGISTRATION

SUBJECT

TOPIC OF RESEARCH

NAME OF THE SUPERVISOR WITH
CONTACT DETAILS

2			

(IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT SEALED AND CONFIDENTIAL LETTERS OF REFERENCE FROM BOTH THE REFEREES MUST REACH THE INLAKS FOUNDATION OFFICE BEFORE 1st OCTOBER 2017).

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SIGNATURE OF THE CANDIDATE

DATE

PLACE
