



GOA UNIVERSITY
Taleigao Plateau, Goa

APPLICATION FOR AWARD OF RESEARCH STUDENTSHIP

1. Name of the Research Scholar: _____

2. Address: _____

3. Contact No: _____

4. Email: _____

5. Department: _____

6. Date of Registration: _____

7. Date of Confirmation: _____

8. Name of the Guide: _____

9. Title of the Thesis: _____

10. Whether employed: Yes/No (if yes, give details) _____

11. Academic Record:

Name of Examination	Year of Passing	Marks Obtained	Percentage	Class
Degree				
Post Graduation				
Other Academic Achievements				

12. Whether the applicant is in receipt of any other Scholarship/ Studentship/ etc: _____

13. If yes, give details: _____

Declaration cum Undertaking

I hereby declare that the information provided above is true. I undertake to refund the amount received under the fellowship in case the Ph.D. course of study is terminated without completion.

Signature of the Applicant with date

Recommendation and Signature of the Guide:

Recommendation and Signature of the Head of the Department: