



GOA UNIVERSITY
Taleigao Plateau, Goa

APPLICATION FOR AWARD OF RESEARCH STUDENTSHIP

1. Name of the Research Scholar: _____

2. Address: _____

3. Contact No: _____

4. Email ID: _____

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

11. Academic Record:

Name of Examination	Year of Passing	Marks Obtained	Percentage	Class
Degree				
Post-Graduation				

12. Whether the applicant is in receipt of any other Scholarship/Studentship/etc: Yes/ No

13. If yes, give details: _____

Declaration

I hereby declare that the information provided above is true.

Signature of the Applicant with date

Recommendation and Signature of the Guide: _____

Recommendation and Signature of the Head of the Department: _____