

**NAMS Research Fellowship for Young Faculty from North Eastern States, Jharkhand,
Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh
who are regular and less than 50 years of age**

(To be submitted through proper channel)

I. IDENTIFICATION DATA

1.1 Name:

1.2. Date of Birth.....

1.3. Qualifications :.....

1.4. Qualifications :

SN	Qualification	Year	Specialty	University / Institution
1	MBBS			
	MCI Registration Number			
2	Post-graduation Qualification (MD/ MS/ M.Sc./ M.Phil./ MDS/MPH / or equivalent)			
3	Post Doctorate DM, M.Ch, PhD, D.Phil. or equivalent			
4	Membership of NAMS / DNB			

1.5. Current designation

1.6. Name & contact address of the Head of institution (Indicate complete address with PIN code of city, state)

Mobile

Email

1.7. Address for communication (Indicate complete address with PIN code of city, state)

1.7.1 Mobile

1.7.2 Email

II. DETAILS OF RESEARCH PROJECT

2.1. Title of research Project

2.2. Name of specialty

2.3. Name of Principal Investigator/applicant, designation, specialty & contact details
(Indicate complete address with PIN code of city, state)

2.3.1 Mobile

2.3.2 Email

2.4. Brief write up (300 words) on the research Project (Attach copy of research Proposal duly approved by the ethical committee)

2.5. Brief justification for the financial assistance sought from NAMS

(Signature of Candidate)

NOMINATION BY HEAD OF THE INSTITUTION

The

(Name of Institution/ Nominating authority)

nominates

(Name of the nominee)

(NAMS Research Fellowship are for Young Faculty who are regular employee and less than 50 years of age from North eastern states, Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh).

Signature of Head of Institution

(SEAL)

No.

Place

Date.....

UNDERTAKING BY THE CANDIDATE

The Secretary,
National Academy of Medical Sciences (India)
NAMS House, Ansari Nagar, Mahatma Gandhi Marg,
New Delhi-110029

Sir,

I _____ (Full name in BLOCK
letters) son/daughter of _____ certify that the
information

provided as above is true and correct.

Signature of Applicant with date

Name:

Date:

Place:

Counter signed by
Head of the Department
Name
Designation & stamp
Date
Place

UTILIZATION CERTIFICATE

Certified _____ the _____ amount _____ of
Rs.....(Rs.....) released by the
National Academy of Medical Sciences (India) by the Applicant vide Academy's letter
No.....dated.....the.....
...for NAMS Research Fellowship for **YOUNG FACULTY** from North Eastern States
Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh at
.....on _____ the
subject.....has been utilized
for the purpose for which is was sanctioned.

Certified as correct

Signature of Head of the Institution

Details of the Bank Account (submitted with signature and duly stamped)
(NAMS research fellowships for young faculty from North Eastern States, Jharkhand, Chhattisgarh, Andaman & Nicobar, Damamn & Diu, J&K, Ladhakh)

Name & Designation of Head of Institution in whose favour the research grant to be related directly in the Account via NEFT

Name & Designation of Official/ Account Holder	
Account Number	
Bank Name, Branch Address and City	
IFS Code of the Bank	

Signature of Head of Institution