  

**Indian Academy of Sciences, Bengaluru**

**Indian National Science Academy, New Delhi**

**The National Academy of Sciences India, Prayagraj**

SUMMER RESEARCH FELLOWSHIPS — 2025

Format for the four-week Report\*, ^,@

|  |  |
| --- | --- |
| Name of the candidate | **: Sudhan R** |
| Application Registration no. | **: ENGS1672** |
| Date of joining | **: 07/04/2025** |
| Name of the guide | **: Dr. Y. Bhavani Kumar** |
| Guide’s institution | **: National Atmospheric Research Laboratory, Tirupati** |

|  |  |  |
| --- | --- | --- |
| Place of stay during the tenure of the fellowship | **:** | Hostel provided by Guide  Own arrangement Other (Specify) |

Ranipet, Tamil Nadu



Signature of the candidate Signature of the guide Date: Date:

**07/05/2025**



IMPORTANT NOTES:

|  |  |  |  |
| --- | --- | --- | --- |
| **INSPIRE/KVPY FELLOWSHIP (please fill this box)#** | | | |
| 1. | I am currently a recipient of | INSPIRE FELLOWSHIP | □ Yes / ✓No |
| KVPY FELLOWSHIP | □ Yes / ✓No |
| **If, YES, fill cols. 2, 3 & 4** | |
| 2. | **INSPIRE/KVPY** Fellowship is from [month]/ [yr] to [month]/ [yr] | | |
| 3. | I receive a monthly fellowship of Rs. from INSPIRE/KVPY towards | | |
| my living expenses |  |  |
| 4. | I also receive towards contingencies a sum of Rs. per year | | |
| **I affirm that the information given above is correct.** | | | |
| Signature of the candidate | | | |

\* The four-week report could be between 300 and 350 words.

^ This format should be the first page of the report and should be stapled with the main report.

# Mandatory to fill this section, this should be filled and signed by you even if you are not an INSPIRE/KVPY Fellow. Otherwise release of fellowship amount will be withheld.

@ The hard copy of the duly signed report should reach the Academy office within 10 days of completing the first month fellowship. If delayed the fellowship amount will not be paid.

(For office use only; do not fill/tear)

|  |  |
| --- | --- |
| Candidate’s name: | Fellowship amount: |
| Student: Teacher: | Deduction: |
| Guide’s name: | Amount to be paid: |
| KVPY Fellow: INSPIRE Fellow: | A/c holder’s name: |
| PFMS Unique Code: |  |
| Others |  |