



Indian Academy of Sciences, Bengaluru
Indian National Science Academy, New Delhi
The National Academy of Sciences India, Prayagraj
SUMMER RESEARCH FELLOWSHIPS — 2024

Format for the four-week Report^{*,^,@}

Name of the candidate	:	
Application Registration no.	:	
Date of joining	:	
Name of the guide	:	
Guide's institution	:	
Place of stay during the tenure of the fellowship	:	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Hostel provided by Guide Own arrangement Other (Specify) </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> </div> </div>

Signature of the candidate

Signature of the guide

Date: _____

Date: _____

INSPIRE/KVPY FELLOWSHIP (please fill this box)[#]		
1.	I am currently a recipient of	<div style="display: flex; justify-content: space-between;"> <div>INSPIRE FELLOWSHIP</div> <div><input type="checkbox"/> Yes / <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div>KVPY FELLOWSHIP</div> <div><input type="checkbox"/> Yes / <input type="checkbox"/> No</div> </div>
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		

IMPORTANT NOTES:

* 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	