

**GUIDELINES AND APPLICATION FORM FOR THE APPLICATIONS FOR NAMS
YOUNG FACULTY FROM NORTH EASTERN STATES, JHARKHAND,
CHHATTISGARH, ANDAMAN & NICOBAR, DAMAMN & DIU, J&K, LADHAKH**

1. This research fellowship will be for the Young Faculty who are regular **employee and less than 50 years of age** pursuing their research work. The application should be duly approved & recommended by the competent authority/Head of institution.
2. **NAMS Research Fellowship for Young Faculty (for Rs.100,000/-.)**
 - 2.2.1. The research fellowship will be for the Young Faculty who are regular in service and **less than 50 years of age** pursuing their research work. The application should be duly approved & recommended by the competent authority/Head of institution.
 - 2.2.2. Applicant will be provided by NAMS one time financial assistance up to **Rs.100,000/-.**
 - 2.2.3. The number of the fellowship will be maximum up to **TWO each year.**
 - 2.2.4. The amount will be spent only on the research work within the stipulated time period.
 - 2.2.5. The applicant will submit the brief protocol of his/her research work along with application.
 - 2.2.6. The applicant will submit the details of Budget and justification for the financial assistance requested at the time of applying to NAMS on the prescribed format.
 - 2.2.7. The applications will be reviewed by the committee appointed by NAMS President and on its recommendations the applicants will be informed by the NAMS.
 - 2.2.8. The utilization certificate duly signed by the competent authority/Head of institution will be submitted to NAMS along with brief report of the research work undertaken.

- Circulate among
all departments.

- College Notice Board
- Faculty Whatsapp group
- ¹ College website

Sd/-
02.05.24

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

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

**NAMS Research Fellowship for Young Faculty from North Eastern states, Jharkhand,
Chhattisgarh, Andaman & Nicobar, Damam & 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)

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

NOMINATION BY 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.....