**Cochin University of Science and Technology**

**INTER UNIVERSITY CENTRE FOR IPR STUDIES**

Application for IUCIPRS Minor Research Project\*

1. Name :
2. Date of Birth :
3. Nationality :
4. Sex (Male/Female) :
5. Address for communication :
6. E-mail :
7. Educational Qualification :
8. Name and address of the :

Institution where working

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of the University/Institution | Duration | Subjects taught |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Teaching experience :

1. Publications if any: (Attach the list if there are many and enclose two best publications)
2. Title of Research Proposal:

..............................................................................................................................

(Attach in separate sheet the detailed research proposal)

1. Name and address of the person to whom cheque is to be issued in case of acceptance of the project:

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Certified that the above information is correct and I agree that my application is liable to be rejected in case there are any discrepancies in the information.

Signature of the applicant

Place:

Date:

**Certificate from the Head of the Institution**

Certified that ..................................................................... is a full time Teacher of this ..................................................................... Department/School/Centre/College. I recommend his/her application for IUCIPRS Minor Research Project.

Signature with official seal

Place:

Date: