

APPENDIX XVII(A)  
(Para 15.10)

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Application for the Approval of Research Project and Authorization of S-5 Visa

READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED

**PART - A**

1. Name: \_\_\_\_\_  
Surname First Name Middle Name
2. Father's Name: \_\_\_\_\_  
(Husband's name in case of married women)
3. Sex: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_
5. (a) Nationality: \_\_\_\_\_
- (b) Passport Number: \_\_\_\_\_  
Place and date of issue: \_\_\_\_\_  
Period of validity: \_\_\_\_\_
6. (a) Occupation (Status and Institution): \_\_\_\_\_
- (b) Present Address: \_\_\_\_\_
- (c) Permanent Address: \_\_\_\_\_
7. Accompanying dependants / spouse (names, sex, \_\_\_\_\_  
nationality, date of birth, passport number \_\_\_\_\_  
place and date of issue and period of the validity \_\_\_\_\_  
and occupation to be given) \_\_\_\_\_
8. Major field of specialization: \_\_\_\_\_
9. Source of funding: \_\_\_\_\_
10. Proposed duration of stay in India: \_\_\_\_\_
11. Academic training

College/Universities attended	Year	Degrees earned	Major Field

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10-06-24

12. Professional employment history (beginning with most recent one)

Inclusive dates	Position	Institution

13. Publications: \_\_\_\_\_

14. Proficiency in Indian languages: \_\_\_\_\_

15. Whether the scholar applied for or undertook any other project in India in the past, and if so the details thereof. Please also indicate whether \_\_\_\_\_ the present project is in continuation/extension of the earlier project or a separate project \_\_\_\_\_

16. Whether the scholar has submitted the same or any other project for research in India through any agency, if so, indicate.

(a) Title of the project \_\_\_\_\_

(b) Agency through which applied \_\_\_\_\_

17. Previous visit to India:

Date of visit	Places visited		Purpose	Category of visit

PART - B

18. Title of the proposed research project in India: \_\_\_\_\_

19. Name of Indian Institution/University of affiliation: \_\_\_\_\_

where the proposed project will be undertaken \_\_\_\_\_

(Certificate of affiliation from the Institution/University should be enclosed)

20. Major objectives of investigation \_\_\_\_\_

10.06.24

21. Problems to be investigated \_\_\_\_\_

22. Places to be visited \_\_\_\_\_

23. Research methodology to be followed \_\_\_\_\_

*(Precise information should be given – from Nos. 20-23 – and the research project giving the information in detail may be enclosed)*

24. Type of data to be collected and sources \_\_\_\_\_

from which it is to be gathered \_\_\_\_\_

25. Whether the project will be undertaken individually \_\_\_\_\_  
or some other foreign scholar/Indian scholar \_\_\_\_\_  
will also work. If so, give details (including bio-data) \_\_\_\_\_  
of the other scholar(s) and also a full programme \_\_\_\_\_

26. Name of Indian Mission /Consulate where visa \_\_\_\_\_  
authorization is to be sent: \_\_\_\_\_

Date \_\_\_\_\_ Signature of the applicant \_\_\_\_\_

**NOTE:** Concealment of any material/information or any misstatement is likely to result in the rejection of the application.

*Junon*  
*10.06.24*

### Certificate of Affiliation

This \_\_\_\_\_ is \_\_\_\_\_ to \_\_\_\_\_ certify \_\_\_\_\_ that  
Mr/Mrs/Miss \_\_\_\_\_  
(Name in Block Letters)

Nationality \_\_\_\_\_ at present studying/ working at \_\_\_\_\_

\_\_\_\_\_  
(Name of the University / Organization in the country of residence)

Shall be affiliated as a student/ research worker in the department of \_\_\_\_\_

\_\_\_\_\_ of this University for undertaking research  
on \_\_\_\_\_

\_\_\_\_\_  
(Title of the project)

He/She \_\_\_\_\_ will \_\_\_\_\_ be \_\_\_\_\_ assisted \_\_\_\_\_ / \_\_\_\_\_ guided  
by \_\_\_\_\_  
(Name of Indian research guide)

Of the department. The research topic has been scrutinized from national security perspective.

This affiliation does not involve any financial liability on the part of the University/ Organization/ Institute and is subject to the approval of the above mentioned research project by the Government of India.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature & Official seal of  
Certifying Authority)

**Note:** This certificate should be signed and stamped by the Head of the Institution/ Vice-Chancellor or Registrar of the University agreeing to affiliate the foreign scholar.

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*10.06.24*