

**TATA TRUSTS**  
**Research Grant**  
**Application form for Clinical Fellowship**  
**2017 - 2018**

**\*STUDENT DETAILS:**

Name Mr./Mrs./Ms.:

First Name	Middle Name	Surname

Correspondence address:


Permanent address (Leave blank if same as Correspondence Address):


Contact no: (kindly mention **ACTIVE** numbers)

Mobile Phone	
Residence	

**\*Email:**

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**\*Skype ID**

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**\*ACADEMIC QUALIFICATIONS:**

Year	Degree	University / Institutions

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**\*Research Subject (DDM) – Autism / Public Health / Dyslexia**

**\*RESEARCH EXPERIENCE - (Please provide details as mentioned below)**

Theme(s):

Duration:

Methodology:

Research Guide:

Sponsoring Institution (if any):

Publication of the research:

Other relevant publications:

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**\*EXPERIENCE OF FIELD WORK:**

Theme of investigation:

Location:

Size and age-group of sample population

Duration

Independent or under the aegis of any institution

Results

Publication of field study

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**List of Mandatory Documents:**

- Research proposal
  - Theme: a brief statement of the proposed research indicating also what is the gap in current research it seeks to fill
  - Duration: six months, one year or two years
  - Proposed methodology with details of proposed field-study
- Letter of Recommendation
  - Applicants from an academic institution need to submit a letter of recommendation from their superior. Others may furnish a letter of recommendation from an individual of recognized accomplishment in the relevant field.