

**APPLICATION PROFORMA OF CHAIRPERSON'S
POSTGRADUATE/FACULTY AWARDS SCHEME
TAGORE MEDICAL COLLEGE & HOSPITAL- 2025**

1. Name of the Student/Faculty:		Student ID No. Mobile No. Email ID:		
2. Date of birth:	Age:	ORCID ID:		
3. Course undergoing:		Year of Study:		
4. Name of the Institution:				
5. Name of the Guide / Supervisor, Designation, and Address:				
6. Email ID of the Guide: Mobile no of the Guide: ORCID ID of the Guide:				
6. Topic of Research Chosen for Summer Research Fellowship* (*A one-page write-up of the proposed research project, duly signed by the candidate and Supervisor, must be attached)				
7. Previous experience of having conducted research projects? If yes, give details.		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 5px 10px;">Yes</td> <td style="padding: 5px 10px;">No</td> </tr> </table>	Yes	No
Yes	No			
8. Recommendations of the proposed supervisor with signature				
9. Recommendations of the HOD with signature				

10. Name of the Account Holder:

Account Number for NEFT Transfer:

Name of the Bank:

Branch Name and Address

Type of Account:

IFSC Code:

Date:

Signature of the Student / Faculty