

**APPLICATION PROFORMA FOR SELECTION OF TAGORE SHORT  
TERM RESEARCH FELLOWSHIP (TAG-STR)  
FOR MBBS STUDENTS OF  
TAGORE MEDICAL COLLEGE & HOSPITAL- 2025**

1.Name of the Student		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 , 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*  (*An 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

(Last date for submission of the application to the Director (Research & Consultancy),  
Dept of Pharmacology, Tagore Medical College & Hospital is 15-05-2025)