

AN INSTITUTION OF NATIONAL IMPORTANCE ESTABLISHED BY AN ACT OF PARLIAMENT

#### **Postdoctoral Fellowship**

The Banaras Hindu University-a premier Indian university invites applications for a number of postdoctoral fellowships for Foreign Nationals, PIO & OCI, as a follow up on its recent elevation as the Institutions of Eminence (IoE) by the Government of India.

Designated as the 'Malaviya Postdoctoral Fellowships', this programme offers up to 100 positions in all disciplines of Sciences, Social Sciences, Humanities and Other Professional Disciplines.

These fellowships are awarded for a duration of 3 years which may be extended for another 2 years on the favorable evaluation by the concerned review committee.

## Eligibility

- 1. Ph.D. from the top 500 Institutions (THE or Q-S ranking) and a very good academic record throughout or a postdoctoral experience of three years from the top 500 Institutions (THE or Q-S ranking).
- 2. Candidates have evidenced and independent research capability and have publications in high impact journals.
- 3. Age limit: less than 35 years of age.

## Fellowship:

Rupees 1.00 lakh per month (approximately \$1500 per month). In addition, the candidate will be entitled to an annual research grant of Rs. 3.00 lakh. Few campus accommodations are available at nomional rent.

#### List of documents required:

- 1. Proposed research plan (up to 500 words)
- 2. Curriculum Vitae with a list of all Publications. Format of Curriculum vitae available at the webpage of University.
- 3. PDF files of at least two and up to five important publications and a brief description of candidate's contribution.
- 4. Consent from a faculty member from BHU, who is willing to host may be attached.
- 5. Recommendation letter of thesis supervisor or PDF advisor.

The Candidates are requested to create a PDF file with all the above documents and required details which could be sent to the Coordinator, IoE Cell, BHU at: **ioecell@bhu.ac.in** latest by 30<sup>th</sup> May 2020. The PDF application also to be copied to the concerned Director/Dean/Head of the Institute/Faculty/Department/Centre and the faculty member willing to host. The candidates are advised to visit university website, i.e. <u>www.bhu.ac.in</u> for more information.

#### Coordinator, IoE Cell



#### AN INSTITUTION OF NATIONAL IMPORTANCE ESTABLISHED BY AN ACT OF PARLIAMENT

# Application for the position of Malaviya Postdoctoral Fellowship

# Instructions:

- The application form is a fillable PDF file.
- The PDF files of the filled-out form, and all other documents mentioned in the form, must be packaged in the same order into a single PDF file and email to:
  - 1. The Coordinator, IoE, BHU at the email address: ioecell@bhu.ac.in
  - 2. The Director/Dean, Head of the department in which you are interested, with a copy to the faculty member who is willing to host you.

| 1. Name in full:                                     |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
|--|------------------------------|-----|------|--|--|--|--|-----|------|-------|--|------|-------|--|--|--|--|
| First Name   |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| Middle Name  |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| Last Name  |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| 2. Gender:   | 2. Gender: ALE FEMALE OTHERS |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| 3. Marital Statu                                     | IS:                          | MAR | RIED |  |  |  |  | SIN | NGLI | <br>E |  | <br> | <br>] |  |  |  |  |
| 4. Date of Birth:                                    |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| 5. Citizenship Status                                |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| Citizen of   |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| If not citizen of India, country of your citizenship |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |
| Do you have the status of PIO/OCI Yes No             |                              |     |      |  |  |  |  |     |      |       |  |      |       |  |  |  |  |

# 6. Address:

| Present                                  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|--|-------|------|------|------|-------|-----|--------|------|-----|------|------|----|--|----|---|---|--|----|---|---|----|--|--|
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
| Permanent                                |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 7. Telep                                 | hon   | e(M  | obi  | le): | :     |     |        |      | +   | -    |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 8. Telep                                 | hon   | e(O  | ffic | e):  |       |     |        |      | Γ.  |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      | +   | •    |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 9. Teleph                                | none  | e(Re | esic | len  | ce):  |     |        |      | +   | -    |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 10. Fax:                                 |       |      |      |      |       |     |        |      | +   | -    |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 11.Email                                 | D:    |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
| 12.Wheth                                 | ner a | ı pe | rso  | n v  | vith  | dis | abi    | lity | :   |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      | l   |      | Yes  |    |  |    | N | 0 |  |    |   |   |    |  |  |
| lf "Ye                                   | s" I  | nlad | ce a | an y | (-m   | ark | in a   | nn   | ron | riat | e bi | אר |  |    |   | ] |  |    |   | ٦ |    |  |  |
| If "Yes", place an x-mark in appropriate |       |      |      |      |       |     | 57     |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      |      |    |  | OH |   |   |  | Ηŀ | 4 |   | VH |  |  |
| Percentage of Disability                 |       |      |      |      |       |     |        |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     |        |      |     |      | L    |    |  |    | 7 |   |  |    |   |   |    |  |  |
| Attest                                   | ted o | сор  | y o  | f ce | ertif | ica | te e   | ncl  | ose | d    |      |    |  |    |   |   |  |    |   |   |    |  |  |
|  |       |      |      |      |       |     | Yes No |      |     |      |      |    |  |    |   |   |  |    |   |   |    |  |  |

# 13.Academic record starting with the undergraduate degree:

| Degree | College / University /<br>Institute | Rank of the Instt. | Year of<br>Completion | Percentage<br>/CGPA | Class /<br>Division |
|--------|-------------------------------------|--------------------|-----------------------|---------------------|---------------------|
|        |                                     |                    |                       |                     |                     |
|        |                                     |                    |                       |                     |                     |
|        |                                     |                    |                       |                     |                     |
|        |                                     |                    |                       |                     |                     |
|        |                                     |                    |                       |                     |                     |

| PhD Advisor/s:           |  |
|--------------------------|--|
| Title of Thesis:         |  |
| Areas of specialization: |  |

**14. Post-doctoral experience if any and previous employment (**successive positions with the same employer should be listed separately)

| Employer | Rank of the<br>Instt. | Position held | Date of<br>Joining | Date of<br>Leaving |
|----------|-----------------------|---------------|--------------------|--------------------|
|          |                       |               |                    |                    |
|          |                       |               |                    |                    |
|          |                       |               |                    |                    |
|          |                       |               |                    |                    |

15. Did you get the consent of faculty member? If no, please leave it blank.

Name of Faculty Member

Department

16. Names and addresses of at least 3 referees who can comment on your doctoral and post-doctoral work.

|             | Referee 1 | Referee 2 |
|-------------|-----------|-----------|
| Name        |           |           |
| Position    |           |           |
| Affiliation |           |           |
| Address 1   |           |           |
| Address 2   |           |           |
| Address 3   |           |           |
| Address 4   |           |           |
| Email       |           |           |
| Phone       |           |           |
| Fax         |           |           |

| Details     | Referee 3 | Referee 4 |
|-------------|-----------|-----------|
| Name        |           |           |
| Position    |           |           |
| Affiliation |           |           |
| Address 1   |           |           |
| Address 2   |           |           |
| Address 3   |           |           |
| Address 4   |           |           |
| Email       |           |           |
| Phone       |           |           |
| Fax         |           |           |

## 17.Please provide PDF files of the following

- (A) Curriculum Vitae with a list of all publications
- (B) PDF files of at least 2 and up to 5 important publications
- (C) Proposed research plan
- (D) Consent letter or email from faculty member may be obtained. Please get in touch with the faculty member offline and obtain the consent of the faculty member for hosting you.
- (E) Any other relevant information you may like to furnish
- 18. I hereby declare that all entries in this form as well as the information provided in the attached documents are true to the best of my knowledge and belief.

| Date:  |  |                          |
|--------|--|--------------------------|
| Place: |  | (Signature of Applicant) |

(Signature of Applicant) Type your name in box above