

**2nd Floor, AU Engineering College Main Block, Andhra University,   
Visakhapatnam – 530003, Andhra Pradesh, INDIA**

**ALICATION FORM FOR CARE PROGRAMME** 

1. **Name of the Faculty member:**
2. **Designation and Department:**
3. **Contact Details (including institute email id and mobile number):**

# Detail of the Host Institute/University/Laboratory

1. Name of the Institute:
2. India or abroad:
3. Complete Address:
4. Website:
5. NIRF/QS Ranking (Institute and Department Wise):
6. Does IIPE has an MoU with the proposed Host Institute?:
7. What made you to choose the Host Institute/University/Laboratory (up to 100 words):
8. **Detail of the Host Professor**
9. Name:
10. Designation:
11. Contact Details:
12. No. of citations (google scholar, as on date):
13. H-index:

# Research Proposal

1. Proposed Research Topic:
2. Brief Description of the proposed Work (300–500 Words):
3. Time schedule of planned Research Work:
4. How the proposed idea is correlated with the ongoing research (up to 100 words)?:

**9.** **Fund Requirements**

(i) Funding Available with the Faculty member (CPDA/Extramural project):

(ii) Funding available from the Host Institute:

(iii) Funding Requirement from the IIPE:

**(Signature of the Faculty member)**

# Documents Required

* Letter in Support from Host Professor (which refers proposal and confirms that the Host institute will provide workplace and funding, if any)
* Copy of Passport of the Applicant (if collaborator is from a foreign country)
* Detailed CV of the Faculty member (Max. 3 Pages)
* Brief Biodata of the Host Professor (max. 3 Pages)
* List of Publications of the Faculty member along with impact factor (proof to be enclosed)
* Detailed Research Proposal (Max. 3 Pages)

**RECOMMENDATIONS**

**Recommendation by the HoD:**

**Recommendations of the selection committee:**

**Dean (R&D) Associate Dean (R&D)**

**Head of Departments**

**External Experts nominated by Director**

**Approved by:**

**Director**