**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):**

4. **Detail of the Host Institute/University/Laboratory**
   (i) Name of the Institute:
   (ii) India or abroad:
   (iii) Complete Address:
   (iv) Website:
   (v) NIRF/QS Ranking (Institute and Department Wise):
   (vi) Does IIPE has an MoU with the proposed Host Institute?:
   (vii) What made you to choose the Host Institute/University/Laboratory (up to 100 words):

5. **Detail of the Host Professor**
   (i) Name:
   (ii) Designation:
   (iii) Contact Details:
   (iv) No. of citations (google scholar, as on date):
   (v) H-index:

6. **Research Proposal**
   (i) Proposed Research Topic:
   (ii) Brief Description of the proposed Work (300–500 Words):
   (iii) Time schedule of planned Research Work:
   (iv) 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)

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**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**