APPLICATION 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. **Details of the Host Institute/University/Laboratory where CARE programme is implemented**
 (i) Name of the Institute:
 (ii) Complete Address:
 (iii)Website:

5. **Detail of the Host Professor**
 (i) Name:
 (ii) Designation:
 (iii)Contact Details:

6. **Research and Collaboration results**
 (i) Description of the research work carried out (300–500 Words):
 (ii) Publications:
 (iii) Patents (if any):
 (iv) Any new course is/will be developed:

7. **Future plans for continuing collaboration**
 (i) Submission of collaborative projects for funding:
 (ii) Organization of Seminar/Symposium:
 (iii) Guidance of Doctoral students:

(Signature of the Faculty member)

Documents Required
- Letter from Host Professor (on the research activities)
- A report of achievements (maximum 2-3 pages), including publications/patents and how they intend to take the research collaboration beyond the CARE funding period

For Office

This is to certify that the DORD office has received the CARE programme completion report along with Letter for the Collaborating Professor/Scientist from Prof. _____, Department of _____ on _____.

DORD office