

**OFFICE OF THE
MANIPUR STATE KALA AKADEMI**

(An Autonomous Body under Dept. of Art & Culture, Govt. of Manipur,
Khuman Lampak, Imphal)

R.R. No.....

Date.....

Sl.No.....

APPLICATION FORM FOR FELLOWSHIP, 2024-2025

1. Batch Year
2. Enrollment Number
(*to be fill up by the office*)
3. Field
4. Sub-Field
5. Instrument
6. Name (Shri /Smt./Km):
(*Capital letters*)
7. Gender
8. Nationality
9. Religion
10. Schedule Caste/Schedule Tribe/Other Backward Class
(*Certificate to be enclosed*)
11. (a) Date of Birth (*in Christian era*):
(*Proof of Date of Birth to be attached*)
(b) Age as on 01-04-2024:
12. Father's Name/Husband's Name
13. Mother's Name
14. Married/Unmarried

Recent
Passport Size
Photo

15. (a) Present Address:

(b) Permanent Address:

(c) Telephone No & E-Mail (if any):

16. Present Occupation:

17. Present Income (to be signed by a Gazette Officer)

18. Qualifications:

(a) Educational Qualification:

University/Board/Institution	Examination Passed	Year	Division with %	Subject

(b) Qualification in the field:

- 1.
- 2.
- 3.

19. Work and contribution, if any:

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Please provide a brief write-up of work done or contribution /if any and detail indicating subject, Institutions /guide etc. Under whose supervision you functioned (attach photocopies of certificates/document)

20. Have you received any honor /award /recognition or Fellowship /Scholarship from any institution /university /Board (If yes, please give detail thereof with photocopies of certificate/document)

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21. Period of Training under a Guru/Institution

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22. Name of the Present Guru/Institution where Training is being taken

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23. Name and Address of the Guru under whom the research is being sought.
(*Guru's consent letter to be enclosed*).

- a. Name:
- b. Address:
- c. Designation:
- d. Income (*Certificate to be enclosed*):

24. Study proposed to be undertaken

(a) Title of the proposed project:

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(b) Type of the study: Academic research or application oriented:

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(c) Synopsis of the project: (A Comprehensive project proposal not exceeding 500 type-written words to be enclosed)

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25. Name and address of the two persons/organizations who will certify your credentials. (*Credentials Certificate to be enclosed*)

- a. Name:
- b. Address:

- a. Name:
- b. Address:

It is certified that above information given by me is factually correct.

Date:
Place:

Signature of the Candidate