

CENTRE FOR STUDIES IN SOCIAL SCIENCES, CALCUTTA
R-1, BAISHNABGHATA PATULI TOWNSHIP
KOLKATA: 700094



**Application Form for
Research Training Programme (RTP) 2024-25**

(COMPLETED FORM TO BE EMAILED to rtp.cssscal@gmail.com ALONG WITH WRITING SAMPLE, STATEMENT OF PURPOSE/RESEARCH INTERESTS AND POST-GRADUATE MARKSHEET– PLEASE SEE RTP INFORMATION AND INSTRUCTION SHEET FOR FURTHER DETAILS)

1. **Name of the Applicant (IN BLOCK LETTERS)**
(according to the post-graduate degree certificate)

2. **Discipline in which last degree obtained**.....

3. **Broad areas of research interests**

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4. **Date of Birth** **Gender**..... **Nationality**

5. **Permanent Address**

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6. **Address for Communication**

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7. **Telephone/ Mobile Number**

8. **E-Mail ID**

9. **Name of person to contact in case of emergency:**

i) Relationship with applicant:

ii) Address of the emergency contact person:.....
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iii) Landline phone number:

iv) Cell phone number:.....

10. Particulars of Academic Career:

Name of the Examination	Examination passed	Name of Institute/ University	Subjects/ Papers	Year of Passing	Class/ Division	(%) Marks/ CGPA
School Leaving/ Secondary/ ICSE/ CBSE						
10+2/Higher Secondary						
Undergraduate						
Postgraduate						
Other Qualifications						

Please note: Self attested copy of post-graduate mark sheet must be sent with application.

11. Are You Currently Employed? If So, Please Give Details :

Organization served as Employee	Designation	Part time/full time

12. Are you currently pursuing any other degree, diploma or certificate course? If so, please give details.

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13. List of Publications if any with details (Title of Book/Paper, Name of the Journal or Publisher, Year of Publication)

I declare that all statements made in the application are true to the best of my knowledge and belief. Any statement made in the application, if found incorrect on scrutiny, shall render the application liable to rejection and admission, if granted on the basis of the statement, shall stand cancelled. If admitted, I undertake to abide by all the existing Rules and Regulations of the CSSSC. Particulars given above are true and correct to the best of my knowledge and belief.

Yours sincerely,

Dated: ____/____/2024

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(SIGNATURE OF THE APPLICANT)

PLACE:

.....
(NAME IN BLOCK LETTERS)