

IIIT GRANT / FELLOWSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Email:	Phone:	Fax:

EMPLOYMENT INFORMATION

Current employer:		
Position/Title:		
Employer address:		
City:	State:	ZIP Code:
Email:	Phone:	Fax:

ABOUT RESEARCH

Title:
Type of Grant / Fellowship:
Type of support requested:
Dates for research (from – to):
Would you be willing to publish research outcome(s) with IIIT?
Expected outcome(s) and time of delivery:

RESEARCH SUPPORT (LIST SOURCE, AMOUNT, AND PERIOD OF TIME COVERED ALREADY IN PLACE FOR THIS RESEARCH; WRITE 'NONE' IF NONE)

Source	Amount	Time Period

BUDGET REQUESTED - ITEMIZED (NOT REQUIRED FOR FELLOWSHIPS)

Item 1:	Item 2:
Item 3:	Item 4:
Item 5:	Item 6:
Item 7:	Item 8:
Item 9:	TOTAL REQUESTED:

SIGNATURE

I agree, by the act of applying for IIIT Grant and/or Fellowship, to abide by IIIT Policies and Guidelines for Research Grants.	Date:
Signature of applicant:	