DUO-India Fellowship Programme *Application for academic year 2020 (Professors)*

ID number	DI2020-	Date of submission	

		HOME INSTITUT	E (in India)			
Name of Insti	tute					
1) CONTAC	T PEI	RSON (should not be same as the	information of the	e person of exchange)		
Surname			Given name			
Position			Department			
Address	ddress Country : India Zip Code:					
Tel	91-		E-mail			
2) INFORMATION ON THE PERSON OF EXCHANGE						
Surname			Given name			
Date of Birth	(D/M	Y)	Gender			
Nationality Indian						
Applying Field		Science		Science		
		Technology	Current	Technology		
		Social Science	Major	Social Science		
		Others(pls. specify):		Others(pls. specify):		
Tel	91-		E-mail			

HOST INSTITUTE (in European Country)					
Name of Insti	e of Institute				
1) CONTACT PERSON (should not be same as the information of the person of exchange)					
Surname			Given name		
Position			Department		
Address Country: Zip Code:					
Tel			E-Mail		
2) INFORMATION ON THE PERSON OF EXCHANGE					
Surname			Given name		
Date of Birth	(D/M	(Y)	Gender		
Nationality	nality (Please submit a copy of passport)				
		Science			Science
Applying Field		Technology	Current		Technology
		Social Science	Major		Social Science
		Others(pls. specify):			Others(pls. specify):
Tel			E-mail		
Confirmation on Agreement with Host Institute					
I, the contact person in the Home Institute, hereby confirm that the persons to be exchanged and the contact person in the Host Institute are all aware and agree that this application is submitted. (please, check the box at the right as appropriate)			YES		

DESCRIPTION OF EXCHANGE PROGRAM				
	From I	HOME to HOST Institute	From HC	OST to HOME Institute
D	Starting Date		Starting Date	
Duration	Ending Date		Ending Date	
		PURPOSE OF EXCHAN	GE PROGRAM	Л
		For Indian Professors	For E	European Professors
	Lecture		Lecture	
Purpose	Research		Research	
	Others		Others	

EXCHANGE DETAILS		
DESCRIBE LECTURE/RESEARCH PLAN DURING EXCHANGE IN DETAILS.		
(This will be closely examined at the stage of selection by the Selection Committee)		
Lecture/Research plan of the Indian Professors:		
Lecture/Research plan of the European Professors:		
SOURCE OF FINANCE		
Do you have other source of finance to fund for this exchange program,		
including room/board, airfare, stipend and others?	NO	
If YES, please specify detailed information of other source of finance:		

CERTIFICATION OF AUTHENTICITY

I hereby certify on my honor that the information provided in this application is correct and complete. Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the award.

Date:
(Name/Signature) Contact Person of Home Institute:
(Name/Signature) President/Director/Head of International office of Home Institute:
Official stamp of Home Institute:
 Please upload the copies of PASSPORT of Indian and European professors Please upload the CV of Indian and European professors This word version application is only for reference. Please do not submit this application by email. Only online submission is acceptable.
**Authorized signature and official stamp are required <u>after</u> selection is made. There is no need for signature and stamp during application procedure.