**Other Technical Details for short term fellowship in Indian Institute**

**1. State whether you availed any similar fellowship/training of duration one month or above from any agency of GOI/State Govt. in last 3 years (Yes/No)**

**1.1 If yes, please provide the following details:**

|  |  |
| --- | --- |
| **Name of the fellowship and funding agency** |  |
| **Year of award** |  |
| **Duration of Fellowship /Training**  **(From ….. To ……..)** |  |
| **Name of the Institution, where training was received** |  |
| **Area of training** |  |
| **Research techniques in which training**  **was received** |  |
| **How was the training utilized?** |  |

**2.** **Name and address of two referees**

|  |  |
| --- | --- |
| **1st Refree name & Address** |  |
| **2nd Refree name & Address** |  |

**3. PARTICULARS OF THE PROPOSED TRAINING PROGRAMME AND RESEARCH PROPOSAL TO BE SUBMITTED AFTER TRAINING**

**3.1 Justification for the need of the training in relation to the ongoing research work (if any) and utilization plan of knowledge gained.**

**3.2 Techniques to be learnt during training**

**3.3 Relevance of the training in public health**

**3.4. State whether all the facilities and essential equipment needed to carry out the research work after availing the training are already available in the institute where the candidate is employed.**