



**Application for the Approval of Research Project and Authorization of Visa**  
*(To be submitted in 7 sets)*

**SOUTH AUSTRALIA & NSW:** **Recommended Option, apply by Registered POST, mail in your application to: GPO Box 2892 SYDNEY NSW 2001 or** Queue in person at IPVSC, Encounter Australia 63 Grote Street, Adelaide, South Australia 5000. **Or** Queue in person at IPVSC, Level 1, 64, Clarence Street, Sydney 2000.

**VICTORIA & TASMANIA:** **Recommended Option, apply by POST, mail in your application to: PO Box 23057 DOCKLANDS VIC 3008 or** Queue in person at IPVSC, Suite 9.18 & 9.19, 401 Docklands Drive, Docklands VIC 3008.

**NORTHERN TERRITORY, QUEENSLAND, ACT, WESTERN AUSTRALIA:** **Recommended Option, apply by POST, mail in your application to: PO Box 936, Civic Square, ACT 2608 or** Queue in person at IPVSC, Shop No.6, 37 Kennigo Street, Fortitude Valley, Brisbane 4006. **Or** Queue in person at IPVSC, Unit 2, 20 Allara, Canberra city, Canberra ACT 2601. **Or** Queue in person at IPVSC, Level 1, Room 22, 195 Adelaide Terrace (Good Earth Hotel); Perth WA – 6004.

**POST:**  
**You must add \$8 (inclusive of GST) Postal Processing Fee. This is to return your processed/unprocessed (in case incomplete) application.**  
**Download the checklist for your visa application from [www.vfs-in-au.net](http://www.vfs-in-au.net)**

**READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**PART – A**

1. Name: \_\_\_\_\_  
*Surname First Name Middle Name*

2. Father's name: \_\_\_\_\_  
(Husband's name in case of married women)

3. Sex: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5 (a) Nationality: \_\_\_\_\_

(b) Passport Number: \_\_\_\_\_

Place and date of issue: \_\_\_\_\_

Period of validity: \_\_\_\_\_

6. (a) Occupation (Status and Institution): \_\_\_\_\_

(b) Present Address: \_\_\_\_\_

(c) Permanent Address: \_\_\_\_\_

7. Accompanying dependants /spouse (names, sex, \_\_\_\_\_  
nationality, date of birth, passport number \_\_\_\_\_  
place and date of issue and period of the validity \_\_\_\_\_  
and occupation to be given) \_\_\_\_\_

8. Major field of specialisation: \_\_\_\_\_

9. Source of funding: \_\_\_\_\_

10. Proposed duration of stay in India: \_\_\_\_\_

11. Academic training:

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College/Universities Year Degrees Earned Major Field

12. Professional employment History (Beginning with the most recent one)

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Inclusive Dates Position Institution

13. Publications: \_\_\_\_\_

14. Proficiency in Indian languages: \_\_\_\_\_

15. Whether the scholar applied for or undertook \_\_\_\_\_  
any other project in India in the past, and if so \_\_\_\_\_  
the details thereof. Please also indicate whether \_\_\_\_\_  
the present project is in continuation/extension \_\_\_\_\_  
of the earlier project or a separate project. \_\_\_\_\_

16. Whether the scholar has submitted the same or any other  
project for research in India through any agency, if so, indicate.

(a) Title of the project \_\_\_\_\_

(b) Agency through which applied \_\_\_\_\_

17. Previous visits to India:

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Date of visit Places visited Purpose Category of Visa

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**PART – B**

18. Title of the proposed research project in India: \_\_\_\_\_

19. Name of Indian Institution/university of affiliation: \_\_\_\_\_  
where the proposed project will be undertaken \_\_\_\_\_

*(Certificate of affiliation from the Institution/University should be enclosed)*

20. Major objectives of investigation

21. Problems to be investigated

22. Places to be visited

23. Research methodology to be followed

*(Precise information should be given - from Nos.20-23 - and the research project giving the information in detail may be enclosed)*

24. Type of data to be collected and sources \_\_\_\_\_

from which it is to be gathered \_\_\_\_\_

25. Whether the project will be undertaken individually \_\_\_\_\_

or some other foreign scholar/Indian scholar \_\_\_\_\_

will also work. If so, give details (including bio-data) \_\_\_\_\_

of the other scholar(s) and also a full programme \_\_\_\_\_

26. Name of Indian Mission/Consulate where visa \_\_\_\_\_

authorisation is to be sent: \_\_\_\_\_

Date \_\_\_\_\_ Signature of the applicant \_\_\_\_\_

**NOTE:** Concealment of any material/information or any misstatement is likely to result in the rejection of the application.

## CERTIFICATE OF AFFILIATION

This is to certify that Mr/Mrs/Miss \_\_\_\_\_

*(Name in Block Letters)*

Nationality \_\_\_\_\_ at present studying/working at \_\_\_\_\_

*(Name of the University/Organisation in the country of residence)*

shall be affiliated as a student/research worker in the department of \_\_\_\_\_

of this university for undertaking research on \_\_\_\_\_

*(Title of the project)*

He/She will be assisted/guided by \_\_\_\_\_

*(Name of Indian research guide)*

of the department.

This affiliation does not involve any financial liability on the part of the University/ Organisation/ Institute and is subject to the approval of the above mentioned Research project by the Government of India.

Date: \_\_\_\_\_

*(Signature & official seal of certifying Authority)*

NOTE: The certificate should be signed and stamped by the Head of the Institution/Vice Chancellor or Registrar of the University agreeing to affiliated the foreign scholar.

### Application and Service Terms

“By Submitting this application, you will be taken to have read, understood and accepted the terms contained in the document titled “Application and Service Terms” which can be viewed by:

1. Visiting the following website link: <http://www.vfs-in-au.net>
2. Contacting us by telephone on the number specified in the “contact us” section of the website <http://www.vfs-in-au.net>
3. Visiting your local India Passport and Visa Services Centre and requesting a copy of the terms at the counter or viewing the terms displayed on the notice board at the centre.”