**KALASALINGAM ACADEMY OF RESEARCH AND EDUCATION**

(Deemed to be University Under Sec.3 of UGC Act 1956)

Anand Nagar, Krishnankoil 626 126

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**OPTIONAL RESEARCH INCENTIVE SCHEME**

**APPLICATION FORM**

1. Name of the Staff ..

2. Department ..

3. Date of Birth ..

4. Address for correspondence ..

5. Current position (from date) ..

6. Position when joined (date of joining) ..

7. Date of joining the University ..

8. Date of completion of Ph.D. ..

9. Institution who awarded the Ph.D. Degree ..

10. Professional Development Allowance

amount and from which date the amount

being received. ..

I, Dr…………………………… ………working as ………………………………………… in the department of ………………………………………………………………………………........ is interested in applying for the OPTIONAL RESEARCH INCENTIVE SCHEME, accepting the following conditions.

1. I will get at least one sponsored research project in a period of five years, as Principal Investigator.
2. I will publish one/two papers in international journals (Only one author will get credit for papers published by multiple authors).
3. I will submit myself for an annual review and be successful for continuation in the scheme.
4. I will reimburse the entire amount of PDA, if I quit from service in the middle.

Date: Name and signature of the Staff

**Forwarded by**

**Head of the Department**  **Dean (R & D)**

**Director (n-CARDMATH)**

**Recommended by:**

**Vice Chancellor CHANCELLOR**