



**INDIAN FEDERATION OF UNIVERSITY WOMEN'S ASSOCIATIONS - IFUWA**

(Affiliated to Graduate Women International - GWI)

Reg. No. S/2815/52-53 BOM 758 GBBSD/1970

19, Kabir Road, Kolkata 700026

Email id [ifuwacalcutta@gmail.com](mailto:ifuwacalcutta@gmail.com) Website [www.ifuwa.org](http://www.ifuwa.org)

Photo

**IFUWA SCHOLARSHIP FORM FOR INDIVIDUAL WOMEN GRADUATES**

Candidate has to be a member of a Local Association (UWA)

Applicants please note that:

- i) all information must be furnished accurately;
- ii) an incomplete application form will not be considered;
- iii) applicant/s must e-mail the form to the given e-mail id - no personal contact will be entertained;
- iv) the application will be reviewed by the IFUWA Committee and the final decision will be communicated to the applicant/s.

Full Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Age as on date of application \_\_\_\_\_

Place of birth \_\_\_\_\_

Permanent Address (should be same as on Aadhar card)

\_\_\_\_\_

\_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

Tel. No. Residence \_\_\_\_\_ Office \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email id \_\_\_\_\_

**Educational qualifications (most recent first)**

<b>S. No.</b>	<b>Institution</b>	<b>Field</b>	<b>Award</b>	<b>Year</b>
6				
5				
4				
3				
2				
1				

**Professional Honors / Awards / Fellowships / Scholarships**

<b>S. No.</b>	<b>Name of Honors / Awards / Fellowships/ Scholarships</b>	<b>Place</b>	<b>Date</b>
6			
5			
4			
3			
2			
1			

**Any other grants / scholarships / fellowships concurrently applied for or received**

### **Summary of Support Requested**

- Title of proposed research OR nature of proposed study or training \_\_\_\_\_
- Field of study \_\_\_\_\_
- Number of months for which Scholarship is required \_\_\_\_\_

### **Summary of research, study or training proposal: (about 150 words)**

### **Financial Details - Budget**

Applicants should provide reliable estimates for fees, accommodation and subsistence during the period for which support is requested. Please indicate all amounts in Rupees.

### **Program Details**

Name and address of degree-granting University/Institution (give full postal address):

Date of admission \_\_\_\_\_

Expected date of completion \_\_\_\_\_

## **Declaration**

I state that the above information is accurate to the best of my knowledge. I understand that non submission of reports on time may cancel the Scholarship.

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Enclosed with the Application**

- Short CV with two references
- Acceptance or Offer Letter from University where the research is proposed to be undertaken
- Copy of Aadhar Card
- Passport size photo

**For use of IFUWA/UWA**

Applicant Ms. \_\_\_\_\_  
is a member of UWA / IFUWA \_\_\_\_\_ since \_\_ / \_\_\_\_ / \_\_\_\_

**President** \_\_\_\_\_ **Term** 20\_\_ - 20\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel (Res) \_\_\_\_\_ Tel (O) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Hon. Secretary** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel (Res) \_\_\_\_\_ Tel (O) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Association Representative** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel (Res) \_\_\_\_\_ Tel (O) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

---

**Notes**