



बिरला प्रौद्योगिकी संस्थान BIRLA INSTITUTE OF TECHNOLOGY

(वि० उद्भू० आ० अधिनियम १९६६ की धारा ३ के तहत मान्यता प्राप्त विश्वविद्यालय | A Deemed to be University u/s 3 of UGC Act, 1956)
मेसरा, राँची- ८३५२१५ (भारत) | MESRA, RANCHI - 835 215 (INDIA)

फोन/Phone: (EPBX) 0651-2275444/2275896,2276002/2276006 फैक्स/Fax: 0651-2275401/2276052 वेबसाइट/website: www.bitmesra.ac.in

Ref.: APO/2023-24/ 114

Date: 01st April 2024

NOTICE

Institute Research Scholarship for Self – Financed Full Time Ph.D. Scholars admitted on or after MO 2018

The self-financed full time Ph.D. Scholars admitted at BIT Mesra (Main Campus) on or after MO 2018 fulfilling the criteria as mentioned here under, are invited to apply for the financial assistance of Rs. 15,000.00 (Rupees Fifteen Thousand Only) per month:

- (i) CGPA: 7.50 and above.
- (ii) No. of Publications in indexed unpaid SCI/SCIE/SSCI/AHCI journals: Atleast 01 (one).
- (iii) The candidate must be the first author in at least 01 (one) paper (published/accepted).
- (iv) The concerned Ph.D. Scholar must not have completed more than 3.5 years of his/her Ph.D. tenure (on the last date of application i.e. 19th April 2024) as the scheme is valid till 04 (four) years from the date of Ph.D. admission.

Due to limitation of funds, the scholarship shall be awarded to the Ph.D Scholars based on merit, who have not received any funding in the past from any external source(s) including TEQIP.

The selected scholars shall be identified as **Institute Research Scholars (IRS)**.

The self-financed full time Ph.D. Scholars complying with the above-mentioned criteria may submit the application in their respective departments on or before **19th April 2024 (Friday)**.

The HoDs of the respective Departments shall conduct a meeting of Doctoral Committee (DC) and submit the recommendation of the DC alongwith the applications (with all enclosures) of the recommended Scholars to the Academic Programme Office by **26th April 2024 (Friday)** for further necessary action.

The recommendations submitted by the departments beyond **26th April 2024 (Friday)** shall not be considered.

After selection, the scholars shall be assigned academic load of maximum 30 hours per month by the respective department as under based on their specialization/expertise.

- (i) Theory, Lab, Tutorial classes etc. as assigned for the Department/University Polytechnic.
- (ii) Assisting in Central Instrumentation Facility (CIF) with proper training and supervision.

The financial assistance shall be applicable initially for a period of 06 (six) months. However, the same shall be reviewed periodically after every six months.

Enclosure: Application Form for Institute Research Scholarship (IRS)

1. Head of the Departments/Directors/Incharge(s)/Director (University Polytechnic)
2. All Deans/Associate Deans/Director – IQAC
3. Registrar/Controller of Examinations
4. Dy. Comptroller/Dy. Finance Officer
5. Asst. Registrar (Acad. Prog.)
6. P.S. to the Hon'ble Vice Chancellor
7. File

Dr. S. S. Solanki
Dean (PGS)

02.04.2024



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DATE:.....

APPLICATION FORM FOR INSTITUTE RESEARCH SCHOLARSHIP (IRS)

1. NAME: _____ 2. ROLL NO.: _____
3. DEPARTMENT: _____
4. PRESENT RESIDENTIAL ADDRESS: _____
5. MOBILE NO.: _____ 6. E-MAIL ID: _____
7. NAME OF THE GUIDE (S): _____
8. COURSES COMPLETED DURING Ph.D. AND GRADES (ATTACH COPIES AS PROOF):

S. NO.	COURSE CODE	COURSE NAME	CREDIT(S)

9. CUMULATIVE GPA: _____ [MINIMUM 7.50 TO APPLY]
10. NO. OF BACK PAPER (S) DURING Ph.D. COURSEWORK: _____
11. NO. OF PAPERS PUBLISHED/ACCEPTED IN SCI/SCIE/SSCI/AHCI/ INDEXED JOURNALS BASED ON CURRENT Ph.D. WORK: _____ [MINIMUM ONE (01) PAPER]
12. DETAILS OF THE PUBLISHED/ACCEPTED PAPER(S): [MENTION DETAILS IN CASE OF MORE THAN ONE PAPER; PLEASE USE MORE SHEETS IF REQUIRED]

FIRST AUTHOR : _____

OTHER AUTHOR (S) : _____

JOURNAL TITLE : _____

ISSN : _____

PAPER TITLE : _____

13. DETAILS OF FINANCIAL ASSISTANCE RECEIVED IN THE PAST FROM ANY OF THE FOLLOWING SOURCES:

S. NO.	NAME OF THE FUNDING AGENCY	TOTAL AMOUNT (IN INR)	NO. OF MONTHS	PERIOD (FROM....TO....)
1.	BIT MESRA (TEQIP)			
2.	ANY OTHER FUNDING AGENCY (PLEASE SPECIFY THE NAME)			

14. MENTION IF PRESENTLY RECEIVING ANY FINANCIAL ASSISTANCE/FELLOWSHIP/ SCHOLARSHIP *etc.* FROM ANY SOURCE:

NAME OF THE FUNDING AGENCY	NAME OF FELLOWSHIP	AMOUNT PER MONTH (IN INR)

The facts and figures provided in this application if found to be incorrect or wrong in future, appropriate action may be taken by the concerned authority.

Signature of the Applicant with Date

Recommendation of the Doctoral Committee (DC):

S. No.	Name	Designation	Signature