

**IPS RESEARCH SCHOLARSHIP DR. ARUNA MEHTA AWARD**  
**APPLICATION**

**Name of the applicant:**

**Date of Birth:**

**Age:**

**Gender:**

**Mobile number:**

**Email id:**

**Residential Address:**

**Name and address of the institution:**

**Name of the Head of the Department:**

**Name of the guide of your proposed research:**

**Year:** I /II /III (Tick the appropriate year)

**IPS membership Number:**

**State registration number:**

**Title of the Research:**

Name & signature of the  
applicant

Name & signature of the  
guide with seal

Name & signature of the head  
of the institute with seal