

Cambridge - Hamied Visiting Lecture Scheme

APPLICATION FORM

Notes for applicants

1. All sections of this form (sections A-K) should be completed
2. A CV (max 2 pages) of the applicant should be submitted with this form
3. All applications must be supported and signed off by the Head of Department (or equivalent) in both the applicant’s home institution and the institution that will host the applicant’s visit
4. Please submit the completed application in a single email to strategicpartnerships@admin.cam.ac.uk

with ‘Cambridge-Hamied Application *applicant name’* in the subject header

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| **A. APPLICANT DETAILS (for whom funding is requested)** |
| Name |  |
| Institution |  |
| Department |  |
| Position |  |
| E-mail |  |
| Telephone |  |

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| **B. DETAILS OF COLLABORATOR / PARTNER IN INDIA OR IN CAMBRIDGE** |
| Name |  |
| Institution |  |
| Department |  |
| Position |  |
| E-mail |  |
| Telephone |  |

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| **C. DATES OF VISIT** Proposed dates and duration of visit |  |

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| **D. LOCATION**Location where visit will take place (complete one only) | Either University of Cambridge (please specify Faculty/Department): |
| Or India (please specify Institution and Faculty/Department):  |
| **E. PURPOSE AND DETAILS OF VISIT** (max 400 words)Highlight how the visit will realise the aims of the Cambridge-Hamied Visiting Lecture Scheme and contribute to partnerships between Cambridge and India |
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| **F. ANTICIPATED OUTCOMES** (max 200 words)Describe what results may be expected from the visit |
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| **G. ADDITIONAL PLANNED ACTIVITIES** (max 200 words)Provide details of proposed additional activities, such as industrial partner site visits, seminar presentations, student engagement, alumni engagement |
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| **H. COSTS AND REPORTING** |
| What is the total anticipated cost of the visit?Provide an approximate breakdown if possible (travel, visa, accommodation, subsistence) |  |
| Are you applying to any other sources of funding?If yes, please specify |  |

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| **I. AUTHORISATION BY HEAD OF DEPARTMENT (or equivalent) IN APPLICANT’S HOME INSTITUTION** |
| Name |  |
| Institution |  |
| Department |  |
| Position |  |
| Signature |  |
| Date |  |
| E-mail |  |

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| **J. AUTHORISATION BY HEAD OF DEPARTMENT (or equivalent) IN INSTITUTION THAT WILL**  **HOST APPLICANT’S VISIT** |
| Name |  |
| Institution |  |
| Department |  |
| Position |  |
| Signature |  |
| Date |  |
| E-mail |  |

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| **K. SIGNATURE OF APPLICANT** |
| I confirm that I will submit a one-page report on the visit, and acknowledge that payment of expenses may be withheld until the report is submitted. |
| Name |  |
| Signature |  |
| Date |  |