NOTES FOR APPLICANTS:

1. All sections of this form (sections A-L) 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’ followed by the Applicant’s 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*** Please give proposed dates and duration of visit |  |

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| ***D. LOCATION***Please indicate location where visit will take place (complete one only) | University of Cambridge (please specify Faculty/Department): |
| India (please specify institution and Faculty/Department):  |

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| ***E. PURPOSE AND DETAILS OF VISIT*** (max 250 words)(Highlight how the visit will fit the criteria of the Cambridge-Hamied Visiting Lecture Scheme) |
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| ***F. FURTHERING ENGAGEMENT BETWEEN CAMBRIDGE AND INDIA*** (max 200 words)(Briefly highlight how the visit is likely to contribute to partnerships between Cambridge and India) |
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| ***G. ANTICIPATED OUTCOMES*** (max 200 words)(Describe what results may be expected from the visit) |
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| ***H. ADDITIONAL PLANNED ACTIVITIES*** (max 200 words)(Provide details of proposed additional activities, including industrial collaborator site visits, seminar presentations, student engagement) |
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| ***I. COSTS AND REPORTING*** |
| What is the total anticipated cost of the visit?Please provide an approximate breakdown if possible |  |
| Are you applying to any other sources of funding?If yes, please specify |  |
| Do you agree to provide a report following the visit? |  |

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

|  |
| --- |
| ***K. 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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| ***L. 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 |  |