## THE ASIATIC SOCIETY OF MUMBAI

(ESTABLISHED IN 1804) Town Hall, Shahid Bhagatsingh Road, Fort, Mumbai 400 001 Tel: 22660956 / 22660062

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## DR. Aroon Tikekar Memorial Fellowship 2025-26

	Appnati	on Form				
Name: Mr./Ms.	Last Fi	rst	Middle (If any)			
Gender : Male/Fema	le					
Date of Birth (DD/MM/	YYYY):	Place of Birth:				
Present position/Occupation:						
Residential Address:						
Tel: E-mail:  Please attach a separateducational Qualification	ate sheet wherever neces	sary.				
Degree/Diploma	Name of the University	Major Subject	Year of Passing			

Occupational experience (Please list Academic / Professional experience with current position, if any, beginning with the latest)

Designation	Name and Address	Period		
	of the employers	From	To	
ention Fellowships, Scholar	ships and other distinctions receiv	ved.		
st your publications or publ	lished articles (if any)			
st your publications or publ	institution of the state of the			
	write only the title; attach the prop			

Your research proposal should include the following points:

- State the hypothesis
- Research Methodology to be followed
- Include a brief account of work already done by you and/or other scholars in the proposed area
- Select Bibliography.

State now	tills research	wiii iurtiier tii	e existing kno	wieuge on the	subject in 100	worus: _	

Have you been the recipient of any scholarship or fellowship or grant or award of any committee or sub-committee of The Asiatic Society of Mumbai in the three preceding years before the Tikekar Fellowship 2025-26, i.e. after 31st March 2022? If yes, please provide the project title, amount received, year in which it was given to you, and the committee which awarded it to you.
Submit two recommendation letters, one preferably from the expert in the subject of your research with this form, separately. State here the only names, profession details, postal address, mail address, telephone number of the recommenders.  1.
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