

**Annexure: II**  
**Application form**

**Two-Week Capacity Building Program (CBP) for Faculty from 23<sup>rd</sup> June to 05<sup>th</sup> July 2025.**

**Organized by**

Centre for Himalayan and Trans Himalayan Studies, University of Ladakh

And

Department of Political Science, University of Ladakh, Leh-Ladakh

**Sponsored by**

**Indian Council of Social Science Research (ICSSR), New Delhi**

1. Name: (In Block Letters) .....
2. Gender (Male/Female): .....
3. Date of Birth: .....
4. Category (SC/ST/OBC/Minority/Disabled/General): .....
5. Employment status: a) Employed b) Ph.D student
6. Mailing address -----
7. Contact Number: .....
8. Email ID: .....
9. Area of Research:.....
10. Ph.D  
Topic.....
- .....
11. Department & University: .....
- .....
13. Accommodation required (for outside state participants) (Yes/No):
14. State the purpose of joining the workshop: .....
- .....
- .....
15. Attach your updated brief CV.

Certificate of Recommendation from the Head of the Department/Head of the Institution:

I recommend Dr./Mr./Ms.....

(Designation).....

If selected for the ICSSR Sponsored Capacity Building Programme organized by the UoL, I believe he/ she will join the programme.

Place.....

Date.....

Signature of the  
Head of the Department /  
Institution with office seal