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LOYOLA RESEARCH PARK

LOYOLA COLLEGE (AUTONOMOUS)
CHENNAI - 600034



UG STUDENTS RESEARCH FELLOWSHIP PROGRAMME

Name				
Department No.				
Department				
Date of Birth				
Address for Correspondence				
Phone No:	E-mail:			
Percentage of Marks in Previous Semester	I	II	III	IV
Academic Awards/Scholarships/Distinctions Received (Attach Copies of Certificates)				
Name of the Research Supervisor & Designation				
Title of the Proposed Research				
Duration of the Proposed Research				

Brief Abstract of the Proposed Research (not more than 250 words)

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Keywords

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Signature of the Student

Research Supervisor

Head of the Department

Date: