**Form A**

**Collaborative Doctoral Project Details / Application for Dual Doctoral Degree Program**

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| **1. Project Student Details** |
| Family Name |  |
| Given Name |  |
| Country of Citizenship |  |
| Address |  |
| Email |  |

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| **2. Institutions** |
| (a) Home Institution |  |
| i. Student no. at Home Institution |  |
| ii. Enrolment Status at Home Institution |  |
| iii. Academic Unit (Faculty/School/Department) |  |
| iv. Supervisor |
| Name |  |
| Position  |  |
| Full Contact Details | Email:Phone: |
| v. Designated Responsible Officer |
| Name |  |
| Position  |  |
| Full contact details |  |
| (b) Host Institution |  |
| i. Student no. at Host Institution |  |
| ii. Application Status at Host Institution |  |
| iii. Academic Unit (Faculty/School/Department) |  |
| iv. Supervisor |
| Name |  |
| Position  |  |
| Full Contact Details | Email:Phone: |
| v. Designated Responsible Officer |
| Name |  |
| Position  |  |
| Full Contact Details |  |

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| **3.Proposed Research** |
| (a) Proposed Thesis Title |  |
| (b) Research Topic Description (Maximum 2 pages) |  |

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| **4. Proposed Dates** |
| (a) Commencement of Concurrent Enrolment |  |
| (b) Expected Dates at:Note: A minimum of 12 months must be spent at each institution. |
| i. Home Institution |  |
| ii. Host Institution |  |

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| **5. Financial Commitments (visit and stay in Host Institute)** | Detail who will provide (Home/Host/Student) |
| (a) Scholarship living stipendi. Name of Scholarshipii. Institution providing Scholarship (Home/Host)iii. Amount |  |
| (b) Tuition Fee |  |
| (c) Health Insurance |  |
| (d) Travel |  |
| **6. Ethics Provisions** |  |
| (a) Details of Ethics approvals |  |
| i. Home Institution |  |
| ii. Host Institution |  |

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| **7.Special Conditions** |  |

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| **8. Name of Award to be Conferred** |  |
| i. Home Institution |  |
| ii. Host Institution |  |

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| **9. Research Advisory Committee** |  |
| 1. Home Institution
 | Member1:Member 2:Supervisor: |
| 1. Host Institution
 | Member1:Member 2:Co-Supervisor: |

Signed for and on behalf of

|  |  |
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| **CURTIN UNIVERSITY OF TECHNOLOGY** by | **INDIAN INSTITUTE OF TECHNOLOGY KAHARAGPUR** by |
| Signature | Signature |
| Name:  | Name:  |
| Date: | Date:  |

**Host Institution Supervisor:**

I confirm that the particulars of this Form A are correct and hereby agreed.

Signature: Date:

Full Name (please print):

**Home Institution Supervisor:**

I confirm that the particulars of this Form A are correct and hereby agreed.

Signature: Date:

Full Name (please print):

**Program Student:**

I confirm that the particulars of this Form A are correct and hereby agreed.

Signature: Date:

Full Name (please print):