

UDAIPUR LOCALIZATION FELLOWSHIP APPLICATION FORM

The Udaipur Localization Fellowship is for one year. During this period, you will design, implement and iterate a prototype project in Udaipur which will support the local culture, environment and health of the city. You will also be expected to give some time each week to help other Fellows with their projects. The minimum time commitment will be 25 hours per week. Fellows will also be supported in developing a project proposal/business plan to take their project forward after the fellowship period. Fellows will receive a basic financial stipend to support their work.

We hope that this application will help you think and become better prepared for taking off on this new journey...Please feel free to ask questions...

**Required*

Name *

Mobile number *

Date of Birth *

Gender * Male/Female/Other

Father's name and occupation *

Mother's name and occupation *

Full residential address (present) with city and PIN code *

In case of emergency, what number should we call? *

How did you find about this programme? *

List any societies, clubs, groups, community activities that you have been a part of and your role in those.*

What are your hobbies/ interests/ skills/ talents? *

Please share something about yourself – your journey so far and what have been the major influences and experiences that have shaped and inspired you? (250-500 words) *

Your strengths and areas of improvement: As a person what are some of your strengths and what are some of the areas that you wish to improve on? *

What is one thing that most inspires you about Udaipur? *

One thing that worries you most about Udaipur's future? *

Description of your Social Change Experiment *

As part of this program, you will get to design and lead a small social change experiment to promote localization. Give us, some

idea of what kind of experiment/s would you like to take up. Also include why you chose the particular experiment, what are the social, cultural, environmental or health concerns that you would like to address and how?

Any other significant information that you would want to share? *

REFERENCE *

Please give two referees with full names, addresses, telephone numbers, emails, occupations and your relationship with them. The referees should be people you have worked/working with or studied under (No family members or close friends please)

1.

2.

DECLARATION

I hereby declare that all the above entries made are true to the best of our knowledge and I understand that any false information can lead to discontinuation from the fellowship.

I understand that merely submitting this form does not entitle me to be part of this programme. If selected, I commit to participate in all the processes of the programme.

Signed: _____

Date: _____

PLEASE FILL AND SEND TO VIDHI JAIN, SHIKSHANTAR, 21
OLD FATEHPURA, UDAIPUR. EMAIL: mail@shikshantar.org;
TEL. 0294-245-1303