

CC-2

RAMANUJAN MATHEMATICAL SOCIETY

COMPACT COURSE (CC)

“Request Form” for holding a CC. Please read the file CC-1 carefully before filling this form.

1. Name and complete address of the Department.
2. Name and address (with email & phone number) of the local coordinator in the department.
3. Topic (with the syllabus in your M. Sc. course) in which the department is interested for conducting the compact program and the portions in which the department is interested in the CC.
4. Name and area of specializations of the teacher teaching the topic. The teacher will attend the CC and will take the responsibility after the CC is over.
5. The names of other teachers / PDFs / research scholars who will attend the CC along with the students.
6. Names of teachers / PDFs / research scholars mentioned in 4 and 5 who would work as an “associate faculty”?
7. In the extreme case when no one from the department is prepared to be an Associate Faculty, RMS will try to identify an Associate Faculty from outside.
8. The period when the “topic” in 2 will be taught and expected two week period when RMS-CC should be organized.

9. Text book that is being followed currently.
10. How good are your students? (i) Above average (ii) Average.
11. Does your institution have a good guest house to accommodate the visiting faculty? Can your institution provide boarding for the faculty?
12. In which of the three categories C1, C2 or C3, would you like your application to be considered? (See CC -1). Please note that RMS will try to find a faculty for the CC from a place near your institute, in which case expenses for travel will be heavily reduced.
13. Names of the neighboring institutions, if any, whose students and teachers will attend the CC. Please note that there is no provision for meeting TA and boarding and lodging expenses of a participant.
14. The number of students in the course (topic) for which the CC will be held.
15. Request for a CC should be made at least 3 months in advance. It takes considerable time to fix a Main Faculty, and to prepare the Associate Faculty / Tutor in the duty required for a CC.
16. Any other information that you would like to provide w.r.t. this program:

Name and postal & email addresses

Signature with date

(Head of the Department / Institution)

The original completed word file (without signatures) and a scanned copy of the signed “Request Form” may please be sent on email to

(a) Prof. Phoolan Prasad, Chairman, RMS Compact Course Program

Committee, via email: prasad@math.iisc.ernet.in

(b) with a copy to Prof. R . Balakrishnan: mathrb13@gmail.com

Please do not zip but send files in separate attachments.