



Division of HRD

APPLICATION FORMAT
“ICMR-CNMC STS EXCELLENCE AWARD”

Hard copies will not be accepted.

- I. Type the information in the given format.
Hand written form will be rejected.
- II. Single PDF file format of the application, reprint of the Publication & CV to be sent by email to stsaward@gmail.com
- III. Last date to submit application is (to be declared.....)

Recent
coloured
Passport Size
Photograph

Title of the STS research work submitted for the
award.....

.....

...

1.
 - a) Name :
 - b) Designation/Present position :
 - c) Present Institutional affiliation :
2.
 - a) Mobile telephone :
 - b) Landline telephone :
 - c) Fax number :
 - d) E-mail ID :
 - e) Address for correspondence :
3.
 - a) Date of birth :
 - b) Age :
 - c) Sex :
4.
 - a) Year of participation in STS program :
 - b) STS reference ID :
 - c) STS research topic :
5.
 - a) Name and address of the Medical/Dental :
College from where the candidate
participated in STS Programme
 - b) Name and Designation of the Guide :
6. Educational qualifications of the candidate from 10th Class onwards:

Course/Qualifications	Board/University/Institute	Year of passing

7. Employment details (if applicable)

Position	Organisation	From	To

8. Details of publication based on research carried out under STS 2018/2019/2020

- a) Title of the Paper :
- b) Name of the Journal and issue number :

(Enclose reprint of the paper)

9. Subject of research work presented for the award. :

Give a brief write up highlighting the Scientific contribution and its importance

10. Details of any other publications (if any) :

of the applicant

11. Whether you have received any award or presented the paper in any national/international conference, if so, give details :

- a) Name of the award :

- b) National/International Conference :

(Year and Detail)

- c) International Conference :

(Year and Details:

12. If you are joint author, state precisely :

what has been your individual contribution to the STS work published

13. Give name, designation and work done by all the joint authors, if yes. :

DECLARATION

I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.

Place:

Date:

Signature of Candidate

Important Note:-

1. Application received after the closing date for whatever reason is liable to be rejected.
2. If the fact that false information has been furnished or that there has been suppression of any material information in the application form by the applicant comes to our notice, then his/her application is liable to be rejected.
3. Application not signed by the candidate is liable to be, rejected.
4. Incomplete and handwritten applications will be rejected.