

AWARD APPLICATION FORM

**Name of the Award :** Photo

**Name of applicant :**

**Designation :**

**Date of birth : Sex: M/F**

**Organization :**

**Address official :**

**Phone: Fax: Email:**

**Are you a member of ISGBRD ? Yes No**

**Declaration of applicant**

I declare that the information furnished above is true to the best of my knowledge. I am and will

be responsible for any discrepancy.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate from head of Institute/Department/College**

It is to certify that Dr./Prof./Sh./Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the employee/

student of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The research

information furnished in the bio data is true and I wish him/her for success.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature with seal\_\_\_\_\_\_\_

**Note:**

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**The applicant must send the brief bio data highlighting the important research**

**achievements along with this application form.**

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