

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

**Jawahar Lal Nehru Bharatiya Chikitsa Evam Homoeopathy Anusandhan Bhawan**

**No. 61-65, Institutional Area, Opp. ‘D’ Block, Janakpuri, New Delhi-110058**

***NOMINATION PROFORMA FOR AYUSH AWARD SCHEME OF CCRAS, 2018***

**Only after publication of Advertisement in newspapers, 1 Original + 5 copies of application must be forwarded latest by 15th November, 2018. Digital photograph (preferably in JPEG), soft copy of duly filled proforma (*preferably in MS-WORD*) and soft/ scanned copy of significant publications (*preferably in PDF*) of the nominee in a USB pendrive is also required.**

1. Name of the Nominee in Full **:**

**Coloured**

**Passport size Recent Photograph of Nominee**

 (Both in English and Hindi - for Indian nominee)

1. (a) Date and place of birth **:**

 (Enclose certificate of the age duly attested)

 (b) Nationality: (c) Gender: M/F

 (d) Age as on 1st January of the year of application: \_\_\_\_\_Year(s)\_\_\_\_\_\_\_Month(s)\_\_\_\_\_\_Day(s)

1. Address with Telephone /Mobile/Fax /e-mail:

(a) Official: (b) Residential Address:

(Present designation, department, institute etc.)

1. Award & category under which to be considered (only one to be marked √):

(**tick only in one appropriate box given ahead of each award category**)

 **AWARD FIELD**

1. Best Research Paper Award : Literary Clinical Drug .
2. Young Scientist Award : Literary Clinical Drug .
3. Life Time Achievement Award : Practitioner Researcher Academician .
4. Best Teacher Award : Literary Clinical Drug .
5. Nominee's field of specialization/ Super-specialization:
6. Academic Qualifications (Please enclose a copy of each degree/certificate & mark-sheet):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Examination | Name of theexamination/ degree/diploma | Name ofUniversity/ Board | Percentageofmarksobtained (%) | Divisionobtained | Year ofpassing | Subject(s)(Major) /Specialization | Distinction, if any/Additional Particulars |
| (i) 10+2 or equivalent |  |  |  |  |  |  |  |
| (ii) Bachelordegree |  |  |  |  |  |  |  |
| (iii) MasterDegree |  |  |  |  |  |  |  |
| (iv) Doctoratedegree |  |  |  |  |  |  |  |
| (v) Any other examination(s) |  |  |  |  |  |  |  |

1. Details of any Scholarship /Fellowship/ Associateship/ Awards held, if any or from other sources/ agencies.

 (Indicate dates of joining & leaving):

(a)Scholarships / Fellowships/Associateship received with details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Honours/Medals/Awards, etc. with details:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Working Experience (Starting from the present position):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office/Institute/Organisation | Post held | From | To | Scale of Pay &Basic Pay | Nature ofDuties | ActualDuration(Years &Months) |
|  |  |  |  |  |  |  |

**Total experience**

a. Teaching: Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Research: Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. Research Guide/

 Supervisor: Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d. Other: Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Specify)

1. Research:
	1. Research Projects:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Title of Project (s) | Period ( From-To) / No. ofYears | Budget | Fundingagency | PI or Co-PI(Status) | Status ofProjectcompleted/ongoing |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Patent/ Innovation/Technology developed/commercialized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. No. of candidates (MD/MS/Ph.D.) Supervised:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. (a) Significant foreign assignments:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Period of visit | Institute/ country visited | Purpose of visit |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Total time spent abroad: \_\_\_\_\_\_\_Year\_\_\_\_\_\_ Month\_\_\_\_\_\_ Day
2. Scientific publications (published or accepted):

(One set of reprints to be enclosed. Softcopy of reprints preferably in PDF are also required)

* 1. Research papers and Reviews (published in peer review & indexed journals only) \*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Authors | Title | Journal withyear, volume& page no. | Index (ISSN) | Impactfactor ofJournal | Citation |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Books/Manual/Monograph/ Research Bulletins/Extension Bulletins/ Chapters in Scientific Books, Training/Teaching Manuals\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Authors/ Co- author | Title | Publisher/Journal with page number | Year |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Enclose separate sheet in the prescribed format (if required)

1. Conference/workshop**-** Total Attended:

|  |  |  |  |
| --- | --- | --- | --- |
| a. | National: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| b. | International: | (i) | In the country:\_\_\_\_\_\_\_\_\_\_\_\_ | (ii) Abroad:\_\_\_\_\_\_\_\_\_ |

1. Paper presented:

|  |  |  |  |
| --- | --- | --- | --- |
| a. | National: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| b. | International: | (i) | In the Country:\_\_\_\_\_\_\_\_\_\_\_\_\_ | (ii) Abroad:\_\_\_\_\_\_\_\_\_ |

1. Extra-curricular activities e.g. Games, sports, NCC, NSS, Community health service/ activities etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Membership/Fellowship of Scientific Societies/Bodies, if any (Give details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (a) Significant Academic/Research contributions to science and/ or technology development by the nominee based on the work done (in about 500 words).

 (b) Summarise the most significant work of the nominee on which the recommendation is based (in 50 words):

 (c) Impact of the contributions in the field concerned, basic or applied:

1. Have the achievements already been recognized by Awards by any learned body. If so, the name of the body, award and the year of award may be given. (A copy of the citation should be enclosed):
2. Has the nominee delivered invited lecture(s) in India / abroad and/ or chaired any scientific National/ International Conference Symposium (give details):
3. Names, correspondence address (with contact No. & email IDs) and broad area of specialization of 3 Distinguished Scientists/ Authorities of Ayurveda (As possible referees):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Name | Complete Address(with designation & department) | Specialization | Contact No. andE-mail Id |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |

1. Additional information of relevance, if any which you would like to mention:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Enclose separate sheet, if the space is insufficient in any column)

Certified that information given in the above proforma is correct.

Place Sponsor’s Signature

 Date Sponsor’s Name, Designation and complete address with email address

**NOTE:**

* The prescribed proforma (Original + 5 copies) should be neatly typewritten giving complete information about the nominee and should be sent to:

Director General

Central Council for Research in Ayurvedic Sciences

Jawahar Lal Nehru Bharatiya Chikitsa Evam Homoeopathy Anusandhan Bhawan

No. 61-65, Institutional Area, Opp. ‘D’ Block

Janakpuri, New Delhi-110058

* **In case of nominee from abroad, the form should be forwarded through Ministry of AYUSH, Government of India fulfilling all the requirements as per guidelines for foreign nomination.**
* Please strictly follow prescribed format for filling up nomination proforma. Incomplete nomination proforma will not be considered.
* **Only one Proforma is to be filled up for each award separately.**
* No field is to be left blank. Strike out the fields not applicable.
* Digital photograph (*preferably in JPEG*), softcopy of duly filled proforma (*preferably in MS-WORD*) and soft copy of the reprints (*preferably in PDF*) of the nominee in a USB pendriveis also required.
* Please mention current correspondence address, email IDs and broad area of specialization of the 3 Distinguished Scientists as possible referees under Serial no 18.
* Each copy of the pro-forma should be properly tagged.
* Please do not attach any testimonial in original (attach only attested photocopies).
* Enclose attested copy of certificate of age

**CHECK LIST**

* **Dully filled proforma** (Original + 5 copies)
* **A USB Pendrive containing**

I. Digital photograph (*preferably in JPEG format*)

II. Softcopy of duly filled proforma (*preferably in MS-WORD format*)

III. Soft copy of publications/reprints (*preferably in PDF format*)

* **Attested copy of certificate of Age, academic qualification, experience, services etc.**

***LAST DATE for receipt of application(s) for nomination(s): 15th November, 2018***