**INDIAN SOCIETY OF TOBACCO SCIENCE**

**(ICAR-CENTRAL TOBACCO RESEARCH INSTITUTE)**

**RAJAHMUNDRY – 533 105**

**E Mail:** **istsctri@yahoo.com**

**http://www.istsctri.in**

 **Application for ISTS Award for Outstanding Research Contribution**

(Minimum age is above 40 Years)

**For the period: 2019-20/2021-22**

**(Important! → Tick mark the biennium period and two copies of filled-in proforma should reach ISTS office through proper channel)**

1. **Name of the Applicant :**
2. **Date of birth :**
3. **Nationality :**
4. **Present Designation :**
5. **Address for communication :**

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1. Educational qualifications starting from graduation onwards

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| Sl. | Degree | University | Year | Subjects | Percentage |
| No. |  |  |  |  | Marks /GPA |
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1. SRF of ICAR or JRF of CSIR/UGC at Ph. D level or other national level fellowships/post doctoral fellowship
2. Positions held (in chronological order)

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| Sl. No. | Name of employer | Name of post | From | To | Pay scale (Rs) |  |
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1. A) List of 10 best peer-reviewed publications in reputed journals
2. Tobacco Research Journal
3. Other Journals

B) Books authored or edited

C) Book Chapters

D) Publication of proceedings of National/International/Conference/Symposium Popular articles/leaf lets/ technical bulletins/folders

1. **Awards/ Recognitions/Honours**
* Awards and fellowships of National and International Government agencies
* Awards/recognitions from professional societies
* Best paper/poster
1. **Concept/technology/methods/process/ varieties released or identified /package of practices /softwares/ mobile apps/ Patents/Copy Rights**
2. **Research Projects: Institute and Externally Funded**
3. **Teaching/Trainings**
* Trainings Course director/Course co-ordinator/Course co-coordinator/Training Manual editor. (21 Days training)
* Trainings Course director/Course co-ordinator/Course co-coordinator/ Training Manual editor. (< 10 Days training)
* Students guided.
1. **Service Function**:
* Institution Building/ maintenance farms/ Labs/ Revenue generation/ seed processing/ Incharges of central facilities

15. Any other relevant information in support of the nomination.

**I certify that the above information is correct.**

Date: (Signature of the applicant)

Place: