

## Format for Nomination of ISHRD Fellowship & Awards

(All entries in the form MUST be completed. Scanned copy of duly completed application form with a digital copy of a passport size photograph in (.jpg format) MUST be sent by mail before closing date at "prograssivehorticulture@gmail.com". All evidences in support of the claim to be attached with hard copy of application, and one bound copy to be sent to Dr OP Awasthi, Head Div of Fruits & Hort Tech, IARI- Pusa, New Delhi-110012)

### 1.0 Personnel Information

- |                                  |  |                                       |   |      |   |        |  |   |  |  |  |  |
|----------------------------------|--|---------------------------------------|---|------|---|--------|--|---|--|--|--|--|
| 1. Category of Award/ Fellowship | : .....  | Paste Passport<br>Size Color<br>Photo |   |      |   |        |  |   |  |  |  |  |
| 2. Name in Full                  | : .....<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Surname</span> <span>Name</span> </div>   |                                       |   |      |   |        |  |   |  |  |  |  |
| 3. Designation                   | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| 4. Name of Institution           | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| 5. Date of Birth (DD-MM-YYYY)    | : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |                                       |   |      | - |        |  | - |  |  |  |  |
|                                  |  |                                       | - |      |   | -      |  |   |  |  |  |  |
| 6. Gender                        | : <table border="1" style="display: inline-table; border-collapse: collapse; margin-right: 20px;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="text-align: center; font-size: x-small;">Male</td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="text-align: center; font-size: x-small;">Female</td> </tr> </table>  |                                       |   | Male |   | Female |  |   |  |  |  |  |
|                                  | Male   |                                       |   |      |   |        |  |   |  |  |  |  |
|                                  | Female   |                                       |   |      |   |        |  |   |  |  |  |  |
| 7. Membership Details of ISHRD   | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| 8. a. Official Address           | : .....<br>Distt. .... State .....<br>Contact No. (with STD Code) ..... Mobile No. ....<br>E- mail .....   |                                       |   |      |   |        |  |   |  |  |  |  |
| b. Residential Address           | : .....<br>Distt. .... State .....<br>Contact No. (with STD Code) ..... Mobile No. ....<br>E- mail .....   |                                       |   |      |   |        |  |   |  |  |  |  |
| 9. a. Contribution Type          | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| b. Specialization                | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| c. Area of work / Location       | : .....  |                                       |   |      |   |        |  |   |  |  |  |  |
| 10. Educational Qualification* : |  |                                       |   |      |   |        |  |   |  |  |  |  |

SNo.	Degree/ Diploma	University/ Institution	Year
i.			
ii.			
iii.			

\*If Budding Scientist Award (Copy of thesis Certificate and abstract, publications duly signed by the guide must be attached)

SNo.	Thesis Title	Date of Submission	Details of Guide (Full Name, Designation, Address & Contact Details)
i.			
ii.			

11. List of awards/ fellowships/ recognitions received: Complete List of publications (including books, monographs, etc.) Please give full details on separate sheet as Annexure-I
12. Technology Developed / Transferred/ Commercialized/ Patented/ Innovations made, etc. on separate sheet as Annexure-II
13. List of Publications of the nominee which, in your opinion, have made significant scientific impact on separate sheet as Annexure-III

- 14. Major Claims/ contributions made with time of services, location & Impact on separate sheet as Annexure-IV
- 15. Suggested Citation (250 words only) on separate sheet as Annexure-V
- 16. Other relevant point, in any on separate sheet as Annexure-VI

**2.0 UNDERTAKING & NOMINATIONS**

1. The undersigned proposes the name of Prof./ Dr./ Mr./Ms. .... of ..... for consideration of the ISHRD Fellowship/ Award under the category ..... for the year .....

2. Statement by the proposer highlighting major contributions of the nominee and suitability for the recognition. (Kindly ensure that this does not exceed 250 words). A separate sheet may be attached as Annexure-VII.

3. Proposer's Name : ..... Signature : .....  
 Designation : ..... Date : .....  
 Full Address : ..... Seal/ Stamp : .....  
 Contact No. : .....

4. Undertaking by the Nominee :  
 I..... of ..... (Organization/ Institute) consider privileged to be nominated for ISHRD Fellowship/Award. I certify that the information given in this form is complete, correct and I undertake to abide the rules and policies of the society.

Signature of the Nominee : .....  
 Name : .....  
 Date : .....  
 Contact No. : .....