

NATIONAL ACADEMY OF BIOLOGICAL SCIENCES [NABS]

Application for Dr. G. N. Ramachandran Memorial NABS-Young Scientist Award-2024

Guidelines

- Please read the guidelines carefully before filling up the application and strictly follow the instructions given. (Guidelines attached).

[Please fill the columns]

i	Name of the applicant	:	
ii	Name of the section under which application submitted	:	
iii	Membership No.	:	LM-
iv	Date of Admission to NABS as Life member	:	
v	Date of birth [dd-mm-yyyy]	:	
vi	Age as on 31 st December, 2024	:	
vii	Cooling period completed [as on 31 st December, 2024]	:	YES / NO
viii	Whether R & PF paid? (Only online transfer	:	Rs. 3000/- Yes / No
i.	Provide evidence of transfer	:	

For official Use only

i.	Whether remarks and signature of Proposer enclosed	:	YES / NO
ii.	Date of receipt of the Application	:	
iii.	Whether the Member is Eligible for further scrutiny	:	YES / NO
iv.	Give reasons for rejection	:	

Eligible / Not eligible

Signature of Secretary

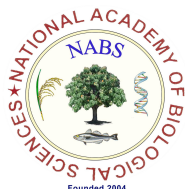
PART - A

Nomination Proposal

- Part- A should be completed, signed and sent along with application
- Without Part-A, application will not be considered for evaluation.

1.	Name of the APPLICANT (in BLOCK LETTERS)	:	
2.	Name of the section / subject (Tick mark the section /subject)	:	Agriculture & Forestry Science ☐ Basic Science ☐ Veterinary & Fishery Science ☐ Food Science ☐
3.	Specialization	:	
4.	Membership of NABS (give the membership number)	:	
5.	a. Name of the Forwarding Authority	:	
	b. Address	:	
	c. Brief remarks about the nominee's suitability and credentials	:	
			Signature of the forwarding authority :
			Date:

PART- B
Application for Dr. G.N. Ramachandran Memorial
NABS-Young Scientist Award-2024



Fix your recent PP
size color
photograph
without your
signature

1.	Name of the APPLICANT (in BLOCK LETTERS)	:	
2.	Name of Father / Husband	:	
3.	Gender		☐ Male ☐ Female
4.	Date of birth (DD-MM-YYYY) (Age proof essential)	:	
5.	Age (completed years as on 31 st December, 2024)	:	
6.	Name of the Section / subject (to which the application is to be considered)	:	Agriculture & Forestry Science ☐ Basic Science ☐ Veterinary & Fishery Science ☐ Food Science ☐
7.	Field of specialization	:	
	Present position	:	
	Address (official)	:	
		:	
	Phone with STD code	:	
	Mobile No.	:	
	E-mail	:	
8.	Address (Residence)	:	
		:	
	Phone with STD code	:	
	Mobile No.	:	
	E-mail	:	

PART- C

[Accomplishments]

Read the guidelines before filling these columns

A	Research Accomplishments ▪ List only FIFTEEN most important publications made in peer-reviewed journals ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____			
Sl. No.	Publications (Authors' names, title, journal, volume, page nos., year of publication)	NAAS rating	SNIP/IF by SCOPUS	SNIP/IF by ISI
1				
2				
15				

B	Educational accomplishments ▪ Provide evidence for your claims with copy of the first page showing title / author(s) and publisher/page number/ ISBN number etc.
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1.	Number of books published [List only TWO] ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____				
No.	Title of book	Author (s)	No. of Pages	Year of Publication	ISBN Number & Publisher's name
i.					

2.	Number of Book Chapters published ▪ List only SIX book Chapters ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____				
No.	Title of the chapter	Author (s)	No. of Pages	Year of Publication / Name of Edited Book	ISBN Number & Publisher's name
i.					

3.	Text books & Lab Manuals/Teaching Modules published for UG/PG students ▪ [List only FOUR] ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____				
No.	Title of book	Author (s)	No. of Pages	Year of Publication	ISBN Number & Publisher's name
i.					

4.	Teaching experience ▪ Teaching experience in UG / PG need to be given with evidence. ▪ List only FIVE courses ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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UG/PG	Courses offered	Duration	Name of College / University

5.	Number of Students Guided [M. Sc. / M. Phil. / Ph.D.] ▪ List only FOUR theses which are approved /awarded degree by the University ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Title of Thesis	Name of University	Year of submission
i.			

6.	Extracurricular activities [other than sports and games] • List only FOUR ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Type of activities	Beneficiaries	Year
i.			

C	Externally funded schemes completed ▪ List Regional / National / International projects completed in the last 10 years with a grant of Rs.10.00 lakhs and above as Principal Investigator. ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Title of project	Funding agency	Duration	Funding (Rs. in lakh)
i.				

D	Crop varieties / breeds –released; / Products / Technologies Developed / Patents obtained ▪ List only FOUR ▪ Provide evidences				
1.	Number of crop varieties / breeds released ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____				
	No.	Name of Crop Variety / Breed	Year of release	Significance (Yield, quality, resistance to stresses; area covered <i>etc.</i>)	Author(s) responsible for release
	i.				

1.a.	Number of Products / Technologies developed ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____				
	No.	Name of Products / Technologies	Year of release	Significance (Yield, quality, resistance to stresses; area covered <i>etc.</i>)	Author(s) responsible for release
	i.				

2.	Number of patents obtained ■ List only FOUR ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Patent Name	Patent No.	Author(s) responsible as per application filed
i.			

2.1.	Number of patent applications filed ■ List only FOUR ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Patent Name	Application No. / Detail	Author(s) responsible as per application filed
i.			

E.	Other academic achievements ■ Provide evidences ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____
1.	Awards / Medals / Fellowships received

No.	Name of award / medal / Fellowships	Year in which received	Institution which presented the award /purpose
A.	Awards / Medal ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____		
i.			
B.	Fellowships ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____		
i.			

2.	Merit Scholarship obtained to carry out higher studies ■ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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Graduate Studies	Name of Fellowship State / Central Governments/ ICAR/CSIR etc.	Year in which received	University in which availed the Scholarship
(UG)			
(PG)			
(Ph.D)			
(Post Doc)			

3.	Positions held in Scientific Societies / Resource Person of Training Program (National /International) ▪ List only FOUR ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Position	Name of Scientific Societies/ Academies	Period held
i.			

4.	Member in Academic / Scientific forum (National /International) ▪ List only FOUR ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Name of Scientific Societies/ Academies	Date from which membership conferred
i.		

5.	Number of Conferences attended (National & International) ▪ List only SIX ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Title of Paper presented	Name of Seminar / Symposium	Place and dates
i.			

6.	Best Presentation awards in Seminars / Conferences [Oral / Poster] ((National & International) ▪ List only TWO ▪ PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Title of Paper awarded	Authors	Place and dates
i.			

7.	Number of Special Trainings attended • PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Name of training	Name of Institution	Duration
i.			

8.	Number of Post doc training undergone PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Institution	Subject area	Duration
i.			

9.	Foreign countries visited on special assignment [other than attending conf. / Seminars] - List only FOUR PROVIDE PAGE NUMBER OF EVIDENCE: _____
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No.	Name of country	Purpose	Duration
i.			

F.	Academic / Research Leadership - Provide evidences PROVIDE PAGE NUMBER OF EVIDENCE: _____
	Give a brief information not exceeding half of page in A4 size paper

Declaration by the Applicant

I declare that

- The particulars given above are true and correct to the best of my knowledge.
- No vigilance / disciplinary cases are pending against me.
- I am a Life Member of National Academy of Biological Sciences and my age is below the prescribed limit for which I have attached age proof; completed Cooling Period of SIX months as on 31st December 2024.
- **I will abide by the decisions of Technical Review Committee of NABS**

Signature:

Date:

Check List

[To be attached along with Application as a separate page]

No.	Check for	Tick Mark
1.	Whether section name under which application is to be considered- furnished?	
2.	Whether Life Membership Number is furnished?	
3.	Whether age proof is enclosed?	
4.	Whether Registration & Processing Fee- (Rs.3000/-) Paid online with evidence enclosed?	
5.	Whether the application is Forwarded and signed by competent authority?	
6.	Whether the PP size photo is affixed on the application as specified?	
7.	Whether necessary supporting evidences are enclosed and serially numbered? [Annexure]	
8.	Whether content page is prepared and all pages are serially numbered?	
9.	Whether the cover is super scribed with “Application for Dr. G. N. Ramachandran Memorial NABS- Young Scientist Award-2024?”	

Signature:

Date:

-----END OF APPLICATION-----