

CENTRAL COUNCIL OF INDIAN MEDICINE

NEW DELHI

**NOMINATION FORM FOR YOUNG RESEARCHER AWARD TO PG RESEARCHER OF
AYURVED, UNANI & SIDDHA SYSTEMS**

Name of Nominating Authority with Designation and official Address			
Category which nomination is made			
Name of the person with designation			
Institution the person is working/ Nature of work			
Father's Name			
Date of Birth			
Nationality			
System to which teacher belongs (Ayurved, Unani and Siddha)			
Academic Qualification	Name of Qualification	Passing year	Name of University
UG			
PG			
Any other Course/Degree			
Extracurricular Activities			
Hobbies			
Achievements			
Publications (Research papers/Articles in reputed Journals/Books etc.)			
Specific Contribution towards particular field			
Details of any other Award received earlier.			

Justification for nomination (in brief and to the point) <hr/> <hr/> <hr/> <hr/> <hr/>
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SIGNATURE OF NOMINATING AUTHORITY WITH SEAL OF THE OFFICE

DATE : _____

Consent of Nominee:-

I hereby offer my consent as proposal by nominating Authority.

SIGNATURE OF NOMINATING

Note:-Nomination form should be submitted with following documents:-

1. A Curriculum Vitae of the candidate and full address for communication.
2. A statement of work, achievements, accomplishments or performance on which the claims of the nominee to the award is based.
3. A reasoned justification or the nomination.
4. One set of publications of the candidate published, specially those in the last five years.
5. Fifteen sets of Bio-data, full address for communication and list of publication and other relevant materials.