Indian Immunology Society, India

http://www.indianimmunology.org/

AWARD/ NOMINATION FORM

I would like to propose/nominate (self-nomination is also acceptable)

Name : 
Date of Birth : 
Position : IIS Membership No……………………….
Address : …………………………………………………………………
Email : Mobile No……………………………………

for the:

A) IIS SENIOR SCIENTIST ORATION AWARD
B) G.P TALWAR MID-CAREER SCIENTIST AWARD
C) G.P TALWAR YOUNG SCIENTIST AWARD
(✓ Whichever is applicable).

Proposer Supervisor/ Head (for ONLY Young scientist award)

Name: ------------------------------- Name -------------------------------
Address: ------------------------------- Address: -------------------------------

Email: ------------------------------- Email: -------------------------------
Mobile No: ------------------------------- Mobile No: -------------------------------
Signature/date: ………………… Signature/date: …………………

Notes: 1. The proposer and Nominee for award should be life member of IIS
2. Supervisor/Head (may not be an IIS member), signature needed only for Young scientist award.
3. Age eligibility for IIS Awards= Below 35 years for GPT young scientist; 35 to <50 years for Mid-career and 50 to 65 years for Senior Scientist award.

Send the duly filled form along with datasheet and all other documents as attachment to: email: iis.secretariat.2018@gmail.com and cc to skarorain@gmail.com
PART A: Biographic Sketch of the Nominee
(Please print or write in capital letters only)
Soft-copy will also be acceptable as attachment to email

1. Name: ____________________________________________________________

2. Designation: _______________________________________________________

3. Date of birth: ______________________________________________________

4. Nationality: ________________________________________________________

5. Membership no of IIS: ______________________________________________

6. Official address (with telephone, fax & email): ____________________________
   _________________________________________________________________
   _________________________________________________________________

7. Residential address (with telephone & email): __________________________
   _________________________________________________________________
   _________________________________________________________________

8. Educational qualifications: ____________________________________________

9. Professional experience (in chronological order):
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

10. Research and teaching experience (years only): __________________________

11. Area of R&D and specialization: ______________________________________

12. Contribution to Indian Immunology Society: ____________________________
   _________________________________________________________________
   _________________________________________________________________

*Please attach the Data-sheet along with statements/documentary proof on separate paper