



INDIAN SOCIETY FOR VETERINARY SURGERY (ISVS)

Application Form for the Lifetime Achievement Award for Excellence

(All the information is to be provided in typed form as per prescribed format only)

Full Title of the Award:

Photograph

1. Personal Details

a.	Name of the Applicant (BLOCK LETTERS)	
b.	Date of Birth (Proof to be attached)	
c.	Gender	
d.	Domicile	
e.	Life Membership No. and Year	
f.	Area of specialization	
g.	Present Position/ Designation	
h.	Institution/ Organization	
i.	Corresponding Address with Pin Code	

j.	Permanent Address with Pin Code	
	Mobile/ Telephone No.	
	E-mail	

2. Academic Qualification

Exam/ Degree	Institute/ University	Year	Subjects	OGPA	%age	Div.	Remarks
B.V.Sc. & A.H.							
M.V.Sc.							
Ph.D.							

Post- Doc (PDF)

i) National Post-Doc.

ii) Foreign Post-Doc.

List only PDFs of one year and above duration*

3. Employment Record (Starting from the present one)

S. No.	Position/ Designation	Institute/ University/ Organization	Duration	Nature of appointment Regular/ Ad-hoc/ Officiating

4. Academic/ Scientific/ Professional Activities

(Chairman / member of international/ national committee/ Task force/ Chairman/ Co-chairman/ Rapporteur of technical session in National and International Conferences, President/office bearer of national/international professional societies, Leadership position in Teaching/ research/ extension programmes/ Dean / Director or equivalent , Associate Dean / Joint Director Research/ Extension , Head of the Department./ Division/ Regional Station/ Project Coordinator, COE/ Other recognitions ie Associate Fellow/ Fellow ISVS , Fellow NAVS etc.)

5. Research Activities

A. Research Projects Handled

S. No.	Title of the Project(s)	As PI/ Co-PI	Year/ Duration	Funding Agency	Financial Outlay

B. Research Guidance (As Major Advisor)

S. No.	Name and Regd. No. of the student	Name of the University awarding degree	Title of the Thesis	Degree (M.V.Sc./ Ph.D.)	Year of completion
a.	As Major Advisor				

6. Extension Activities related to area of Excellence Award

(Surgical Camps/ Clinical Camps/ Kisan Melas/ Pashu Mela / TV talks/ Radio talks etc)

S. No.	Extension Activity	Date(s)	Organizer	Venue/ Other details

7. Publications

A. Research/ Clinical/ Review Articles (NAAS RATING: 5.0 and above)

List 30 most important research publications related to **area of concerned excellence** in chronological order in bibliographic format. Please mention latest NAAS Journal ID and (Score). **10 should be from IJVS as 1st or 2nd author.**

S. No.	Details of Publication in bibliographic format	NAAS Journal ID and Score	Number of Citations
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

B. Research/ Clinical/ Review Articles related to the area of excellence

For other Publications (excluding above best 30 articles)			
S. No.	Details of Publication in bibliographic format	NAAS Journal ID and Score	Number of Citations

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C. Book Authored/ Edited

S. No.	Title of the Book	Author(s)	Publisher	Year of publication	ISBN/ ISSN No.

D. Book Chapter/ Monograph/ Technical Manual/ Teaching Manual related to area of Excellence

E. Invited Lecture/ Lead Paper in International/ National Conferences/ Symposium/ Seminar/ Training/ Workshop related to area of Excellence

8. Awards, Honours and Recognitions

(List awards including National awards instituted by Government of India, University medals, fellowships of National and International academics, Patent granted/Technology developed & commercialized. (Based on scientific/ professional work done in India). Awards for Excellence in Teaching/ Research/ Extension, Best Clinician Award, Best Paper Presentation Award/ Young Surgeon Award, Jawaharlal Nehru Best Thesis Award,, University / ISVS Best PhD Thesis Award and others)

S. No.	Name of the Award/ Honour	Nature of Award (National/ International/ Academics Societies/ University)	Conferred By (Name of the Organization)	Year of Award

9. Organization of Training/ Conference/ Symposium/ Seminar/ Workshop related to area of Excellence

S. No.	Details of the Conference/ Symposium/ Seminar/ Workshop/ Training/ CVE	Duration/ Date(s)	Venue	Funding Agency	Role as Course Director/ Course Co-ordinator/ Training Co-ordinator Organizing Secretary
a.	Organization of Trainings/ Summer School/ Winter School/ Short Course				
b.	Organization of Conference/ Symposium/ Seminar/ Workshop				

10. Participation in Training/ Conference/ Symposium/ Seminar/ Workshop related to area of Excellence

S. No.	Details of the Conference/ Symposium/ Seminar/ Workshop/ Training/ CVE	Duration/ Date(s)	Venue	Funding Agency	National/ Foreign
a.	Participation in Training/ Summer School/ Winter School/ Short Course				

b.	Participation in Conference/ Symposium/ Seminar/ Workshop				

11. Development of new recognised and adopted surgical technique of clinical use

- i.
- ii.
- iii.
- iv.

12. Details of Patent (s) granted :

- i.
- ii.
- iii.

13. Technology/ instruments developed & commercialized

- i.
- ii.
- iii.

14. Teaching Innovation in area of Excellence

15. Summary about specialization /recognition supported by evidential proofs, publications, links, videos etc. (200 words)

16. List of Certificates/Testimonials enclosed:

S. No.	Document/ Certificate	Enclosure No.

CERTIFICATE

I give my consent for considering my candidature for the _____ (name of the award) and certify that no vigilance/ disciplinary proceedings are pending against me and the information given in the form is correct.

Signature of the applicant