



ORISSA PHYSICAL SOCIETY (OPS)
(Under the Society Registration Act vide Regd. No. 7056/5-1973-74)
YOUNG SCIENTIST AWARD NOMINATION FORM

1. Name & Affiliation of the Applicant:

2. Contact No. & E-Mail ID :

3. Permanent Address :

4. Address for Correspondence:

5. Award Year :

6. Date of Birth:
(Certificate of proof to be attached)

7. Qualification: (from HSC onwards)

Sl. No.	Degree	Institution / University	Year of Degree	% of Mark	Specialization / Subject	Remark

8. Research Area:

9. Years of Research Experience after Ph.D:

10. Number of Research Publications in National and International journals:

(List of Research papers on separate sheet and copy of Reprints to be attached)

11. A Brief Report of Research Work carried out by the Applicant: (A separate sheet to be attached)

12. Awards received earlier: (Give the details like Name, Organization, Year, Purpose etc)

13. Name of two persons who can be referred to provide appraisal about the Applicant:
(Give Name, Address, Email id, Mobile No.)

Signature of the Applicant

Date:

If any adverse report is pending against the Applicant in Official / Public Domain, please give the details.

Signature of the Head of the Institution Nominating
Seal & Date :

LIST OF DOCUMENTS ATTACHED :

- 1.....
- 2.....
- 3.....
- 4.....