**Dr. Y. R. Sarma Memorial Trust [Reg. No. 264/IV/2021]**

**ICAR-Indian Institute of Spices Research**

**Marikunnu, Kozhikode 673012, Kerala**

**YOUNG SCIENTIST AWARD – 2022**

The application must be submitted in the prescribed format both in hard copy (to be sent: Head, Division of Crop Protection, ICAR-Indian Institute of Spices Research, Marikunnu PO, Kozhikode 673012, Kerala) and soft copy via email (yrsarmatrust@gmail.com) on or before 4th June 2022.

**Note: Scientists/researchers/ below the age of 40 years as on 31 December 2021 are only eligible to apply)**

|  |
| --- |
| NomineePhotograph |

1. Name of the nominee (Family name followed by given name):

2. Date of Birth (Enclose a self-attested copy of the certificate):

3. Age as on 31 December 2021: \_\_\_ Year(s)\_\_ Month(s)\_\_ Day(s)

4. Gender:

5. Nationality:

6. Official address with /email/ Mobile number:

7. Residential address:

8. Discipline:

9. Nominee's field of specialization:

10. Academic qualifications (Bachelor's degree onwards):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No.  | Degree  | Subject  | Class Marks %  | Year  | University  | Additional Particulars  |
| 1.  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |

11. Date of joining the Institute on a regular post:

 (Designation & Scale)

12. Positions held (in chronological order):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S No  | Period  | Place of Employment  | Designation  | Scale of pay  |
|  1 |   |   |   |   |
| 2  |  |  |  |  |
| 3  |  |  |  |  |

10. Significant contributions to plant protection in the **spices and plantation sector** by the nominee during his/ her entire research career (in maximum 500 words):

11. Impact of the contributions in the field concerned, basic or applied:

12. List 10 most important publications in the refereed journals (enclose a copy of each publication):

|  |  |  |
| --- | --- | --- |
| Sl .No  | Details of publication | NAAS Score/International impact factor (web of science) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

 15. List of Patents taken (enclose a copy of each patent):

16. Technologies developed/popularized by the nominee (enclose proof for each claim):

17. Awards/recognition/honours received: (enclose proof for each claim):

 18. Any additional information of relevance (enclose proof for each claim):

 I certify that the information given in the Form is correct.

**Signature and complete address of the Nominee**

Place:

Date:

**Forwarded by**

Head of the Department/station/college/institute/university (Complete postal address, email, contact number, and official seal of the forwarding authority)

Place:

Date: