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| **Dr. M.S. Swaminathan Memorial Award -2024** | | | | | | | | | | | | | |
| ***Eligibility criteria:***   * Nominee should be a life member of STE with outstanding contributions in the field of Agriculture * Age group 50+ | | | | | | | | | | | | | |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **01.** | **Disciplines for which you want to send nomination:** | | | | | | | | | | |  | |
|  |  | | | | | | | | | | |  | |
| **02.** | **Name of the Nominee:** | | | | | | | | | | |  | |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **03.** | **Designation and Address of the Nominee:** | | | | | | | | | | | |  |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **04.** | **Contact Details of the Nominee:** | | | | | | | | | | | |  |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **05.** | **Email:** | | | |  |  |  |  |  |  |  | |  |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **06.** | **Contact No.:** | | | | | | | | | | | |  |
|  |  | | | |  |  |  |  |  |  |  | |  |
| **07.** | **Details of Publications and Awards:** | | | | | | | | | | | |  |
|  |  | | | |  |  |  |  |  |  |  | |  |
|  | **7.1.** | | **Number of Papers Published** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.2.** | | **Number of Books Published** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.3.** | | **Number of Patents Awarded** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.4.** | | **Total Citations** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.5.** | | **H-index** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.6.** | | **Total Impact Factor:** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
|  | **7.7.** | | **Awards, if any** | | | | | | | | | |  |
|  |  | |  | | | | | | | | | |  |
| **08.** | **List of 10 Best Publications (Provide Full Citation with DOI Number): Increase Row Below** | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **09.** | **Achievements of the Nominee** | | | | | | | | | | | | |
|  |  | | | |  |  |  |  |  |  |  | |  |
|  | **9.1.** | **A brief paragraph illustrating the work done and level of attainment of the Nominee (maximum 500 words):** | | | | | | | | | | | |
|  | **9.7.** | **Curriculum vitae of the Nominee (Maximum 3 pages):** | | | | | | | | | | | |
|  | **9.8.** | **Endorsement by the nominator (Overall recommendation in brief):** | | | | | | | | | | | |
|  | **Place:** | | |  | | | | | | | | | |
|  | **Date:** | | |  | | | | | | | | | |

Please contact for any query:

**M: 98713 72350 (Dr. Kshipra Misra)**