

# INDIAN ACADEMIC RESEARCHERS ASSOCIATION

TIRUCHIRAPPALLI-620 021

Tamil Nadu, India www.iaraindia.com

#### **IARA AWARD - 2020 APPLICATION FORM**

(Apply only through mail: iaraindia2019@gmail.com)

Passport Size Photo

Award Applied for	

#### **I.GENERAL INFORMATION**

1	Name (Capital Letters )	
2	Gender	
3	Date of Birth	
4	Designation	
5	Department	
6	Specialization	
7	Institutional Address	
8	Residential Address	
9	Phone	
10	E-mail ID	

#### **II. ACADEMIC INFORMATION**

	Qualification	Name of Degree	University/Institution	Year of Passed	Division & Percentage
1	UG				
2	PG				
3	M.Phil				
4	Ph.D				
5	Others				
6					
7					
8					

### III. TEACHING EXPERIENCE

Name of Institution	Period
	Name of Institution

## IV. PROJECT/RESEARCH GUIDANCE:

	No. of Candidates		
Name of Degree	Awarded	Submitted	Pursuing
Ph.D			
M.Phil			
PG			
Others			

# V. RESEARCH PROJECTS (Major/Minor/Other Projects)

S. No.	Title of Project	Name of Funding Agency	Amount (Rs.)	Duration (Year)	Remarks (Completed/ Pursuing)
1.					
2.					
3.					
4.					

# VI. SEMINARS/CONFERENCES/WORKSHOPS

Capacity	State Level	National Level	International Level
Participated			
Presented			
Resource Person			
Chair Person			
Organised			
Others			

#### **VII. PUBLICATION DETAILS**

Publication	No. of Publications		
	Published	Accepted	
Books			
Edited Volume Of Books			
Journals (National Level)			
Journals (International Level)			

VIII.	VIII. ADMINISTRATIVE POSITION HELD					
S.No	Name of Position held	During the Year	Name of College			
1.						
2.						
3.						
4.						
IX. PA	ARTICIPATION IN NSS, NCC, Sporoluntary Association, Etc.	rts, Cultural Acti	vities, YRC, RRC,			
S.No	Name of Position held	During the Year	Name of College			
1.						
2.						
3.						
4.						
X.ME	EMBERSHIP IN ACADEMIC BODY	,				
1.						
2. 3.						
4.						
XI. M	IEMBERSHIP IN PROFESSIONAL	BODY				
1.						
2. 3.						
4.						
XII.A	XII.AWARDS RECEIVED					
1.						
2.						
3. 4.						
	XIII. ANY OF OTHER INFORMATION					
	ANT OF OTHER INFORMATION					

I hereby declare that the information furnished is true to the best of my knowledge.

Date: Signature