

Association for Prevention & Control of Rabies in India (APCRI)

Application for “Young Scientist Award”

1. Name: _____

2. Date of Birth & Age: _____ Yrs. _____ 3. Sex: _____

4. Institutional Address: _____

5. Qualification(s): _____

6. Present designation: _____

7. Phone Nos:(Office): _____ (Res): _____ Mobile: _____

8. Fax: _____ 9. Email (s): _____

10. Topic of research(s) work undertaken (enclose only details of work done in the field of rabies): _____

11. Place & year during which research was undertaken: _____

12. Training undergone (relevant to rabies): _____

13. Total years of Experience: _____ Training: _____ Research: _____

14. Awards/ Medals/ Fellowship received (enclose copies): _____

15. Total number of research papers published (relevant to rabies): _____
National Journals _____, International Journals: _____

16. Any other information in support of research work: _____

(Signature of the applicant)

(Signature & Seal of Head of the Department)

(Signature & Seal of the Head of the Institution)

- Note:** 1) Submit an attested copy of proof of your age (10th std. marks card/etc.)
2) Submit a copy of the research work done for claiming the award