**PROF. H.S. SRIVASTAVA FOUNDATION FOR SCIENCE AND SOCIETY**



Office No. 04, Ist FLOOR, ELDECO XPRESS PLAZA, RAEBARELI ROAD, UTTARATHIA LUCKNOW – 226025

www.phssfoundation.org

**NOMINATION FORM FOR FOUNDATION AWARDS 2024-25**

**(Brief details of Nominee to be given by Proposer/ Nominator)**

**Name of Award for which nominated: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photograph of Nominee**

1. Name in full (in Block letters)

(Surname followed by given name)

1. Date and Place of Birth

(Town/village, District, State, Country)

1. Nationality
2. Field of Specialization
3. Major discipline (Section)
4. Area of specialization
5. Present position/ Designation

(Last post held, if retired)

1. Address
2. Mobile/ Contact No:-
3. Email:-
4. Academic career and professional attainments

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Degree | | University/ Institution | | Year | | Division/Grade/ Distinction | |
|  | |  | |  | |  | |
| Position held | | Institution | | Duration | |
|  | |  | |  | |

1. Ten most important publications evidence of excellence (Pl. Attach one copy of each publication/ societal contribution with photograph and press report etc).

|  |  |  |
| --- | --- | --- |
| S. No | Name | Impact Factor & Numbers of Citation,  H index and i10 index as per Google Scholars |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Complete List of publications, articles or other evidence of contribution/achievement. (photocopies are not required).

|  |  |  |
| --- | --- | --- |
| S. No | Name | Citation value/ Journal Index |
|  |  |  |

1. Most outstanding contribution of nominee (upto in 250 words)

Note: ***A summary of highlights of major achievements to be circulated among selection committee members (in 250 words) is to be provided by E mail (phssoffice@gmail.com) to us separately.***

1. Other Awards, Honours, other leadership recognition in the field:

I give my consent for my nomination and certify that the information given above is correct.

Date: Signature of Nominee

|  |
| --- |
| Particulars of Proposer/ Nominator |
| Signature  Name  Address  Mobile/ Contact No  Email  Designation (Present/Past)  Date |