Nomination Form

**PROFORMA FOR DRDO NATIONAL LEVEL AWARDS**

(Two Awards each carrying Citation and Cash Amount of Rs. 10 Lakhs)

To be conferred upon an individual person serving in Government Organisation/Public Sector Enterprises/Private Organisation (Academia, Industry, R&D laboratories) for their outstanding contribution in the field of Basic Research in Defence Science or Development of Defence Technology.

Photo of nominee

Dr. Kothari Defence Science Award or Dr. Kalam DefenceTechnology Award

1. Category :-
2. PIN (only for DRDO employees): …………..
3. Name of Organization in which Nominee is serving at present:-……………………….

Govt. Organisation/ PSE/Private Organisation

1. Type of Organization:-

Academia/ Industry/ R&D Lab /Others

1. Work Classification of Organization :-
2. Name of Nominee (Full Name):- ……………………….
3. Gender……..
4. Address:-……………………… District ……………State …………PIN Code………
5. Contact Details : Tel (O):……………….Tel ( R)……………….Mobile ……………..

Fax:………………………. e-mail:…………………

 10. Present Designation :…………………….

 11. (a) Date of Birth(dd-mm-yyyy):…….(b) Age(as on closing date)....years (c) Place of birth(with State)……

 12. Nationality ………..

 13. Positions held and length of service in each grade/position ( in reverse chronological order)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Designation | From | To | Place of Service | Name of Organization |
|  |  |  |  |  |  |

 14. Academic qualifications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Qualification | Year | University/ Institute | Subject/ Specialization | Div/ Class/ Grade | Distinction ( Yes/No) |
|  |  |  |  |  |  |  |

 15. Quantified, specific & authentic information (in about 200 words maximum) regarding

1. Major contributions in the field of Basic Research in Defence Science or Development of Defence Technology.

(b) Details of the technology level elsewhere available in the world in the above field of basic research or development of defence technology

16. Please mention evidence of innovation in the form of patents / reports / publications / design / product improvement etc.

1. Impact / Outcome of the research work done by the Nominee

18. Details of the awards/ honours received by the nominee. The citation for the awards received be enclosed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Name of Award/ Honour | Year | Individual/Group | Awarding Agency | Citation |
|  |  |  |  |  | Attach |

19. Membership/Fellowship of professional bodies.

|  |  |  |  |
| --- | --- | --- | --- |
| S.No. | Year | Member type | Name of Professional Body |
|  |  |  |  |

20. Other recognitions.

|  |  |  |
| --- | --- | --- |
| S.No. | Details of recognition | Attachments (if any) |
|  |  |  |

21. Suggested citation (not more than 50 words)

Certified that the information given above is correct and as per available record there is no Vigilance/ Disciplinary/ Criminal Case pending or contemplated against the nominee.

22. Any other Information : (Attach)

 Signature of Nominator

 Name of Nominator (Full Name)……………

 Name of Organization…………….

Designation ………………..

 Office Address……………….

Place :………….. Telephone No.(O)……………(R)………..

Date (dd-mm-yyyy) :………………. Mobile…………….Fax……………

e-mail…………….

Personal Information Form

**PERSONAL INFORMATION FORM OF NOMINEE**

**(Mandatory for Awards Carrying Cash Component)**

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| 1. | Name of  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nominee:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. | Name (as in |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bank A/c): |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | Designation : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4. | Organisation/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Lab/Estt |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5. | Name of Award: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6. | Contact No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (a) Official |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (b) Mobile No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (c) Alternate  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mob No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7. | E-mail ID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8. | Bank details for ECS Mandate (please attach a copy of cancelled cheque): |
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|  | (a) Bank Name & |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Branch Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | (b) Account No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | (c) IFSC Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 I, hereby declare that all the information provided above is correct to best of my knowledge.

(Signature of the nominee)

Name of the nominee (in Block letters)