**International Web Conference**

**Perspective on Agricultural and Applied Sciences in COVID-19 Scenario (PAAS-2020)**

 **(October 4-6, 2020)**

**Award Nomination Form (PAAS-2020)**

(Applicant are requested to send a soft copy of duly fill complete form with detailed bio data to Award Screening Committee on email: paasconference1@gmail.com**)**

**Part - I**

Award nomination for …………………………………………………………………………………………..

Photographs

Full Name (in block letter)…………………………………………………………………………………………

Designation……………………………………Discipline/Area of Specialization…………………………………………………

Institution/Organization……………………………………………………………………………………………

Correspondence Address…………………………………………………………………………………………..

……………………………………………………………………………………………………………………..

Mob. No………….................................Email……………………………………………………………………………………………

Age on 30 Aug, 2020…………………Nationality ………………..Sex (M/F) ……..Highest Qualification…………..……………….

**Part - II**

1. Outstanding Achievement (If any)………………………………………………………………………………………………….
2. Experience in Research/teaching……………………………………………………………………………………………..……
3. No. of Research Publications ………………….National……………. International…………… Proceeding Papers…………….

UGC Care/NAAS/Impact Factor rating papers (if any) ………………………

Non UGC Care /NAAS/Impact Factor rating papers…………………….

1. Number of technologies/varieties released………………………………………………………………………………
2. Number of Patent File………………………………………………………………………………………………………………
3. No. of Popular Articles ……………………Leaf-lets …………..…..Pamphlets……………..…Any Other……………………….
4. No. of Written Books (if any) …………………….Book Chapters …………………………….Any Other………………………
5. No .of Invited Lecture……………As Speaker ……………T. V. Talk……………………… Radio Talk……………………….

Any other……………………………………………………………………………………………………………………………

1. Any Award/Fellowship………………………….National ……………………......International…………………………………
2. Any Other Information………………………………………………………………………………………………………………

**Declaration by the Applicant**

 I hereby declare that the information given in this form is true and correct to the best of my knowledge and belief. In case any

Information proves to be false or incorrect. I shall be fully responsible for the consequences.

Date………………………….. Place……………………………………………………. Sign of Applicant…………………………….

**Only Use for Award Screening Committee**

 Name of Awardees …………………………………………..Name of Award…………………………………………………………

Auth. Sign. of Members Sign. Chairman

 (**Interested delegates are requested to kindly send the soft copies of their signed Bio-data with award nomination form by mail to:** paasconference1@gmail.com)

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**Contact us about the Conference:**

**Email:** paasconference1@gmail.com**, Website:** [**www.agetds.com**](http://www.agetds.com)

**Mob No./ WhatsApp/ Telegram: 07004942581**