**Society for Biomaterials and Artificial Organs (India)**

(Regd. No. 110/86)

**Sree Chitra Tirunal Institute for Medical Sciences and Technology**

Biomedical Technology Wing, Poojappura

Thiruvananthapuram - 695 012 INDIA

### Phone: +91 471 2520 434, https://biomaterials.org.in/

**Member,** International Union of Societies for Biomaterials Sciences & Engineering, http://www.worldbiomaterials.org

**PROFORMA FOR NOMINATION**

SBAOI Distinguished Biomaterials Scientist Award

|  |  |
| --- | --- |
| 1. Name of the Nominee:
 | Click here to enter text |
| 1. Contact Details of Nominee:
 |  |
| **Address (Office)** | **(Residence)** |
| Enter address here | Enter address here |
| Telephone | Telephone |
| Mobile | Mobile |
| Email | Email |

|  |  |
| --- | --- |
| 1. Date of birth of Nominee & Sex:(Only female candidates are eligible)
 | Type dd-MM-yyyyGender |
| 1. Present designation of the Nominee
 | Type Designation |
| 1. Category *(Click on the box to select)*
 |
| ☐ Academia, ☐ Research organization, ☐ Industry |
| 1. Name of the organization in which the Nominee is working
 | Type name of the Organization |

|  |
| --- |
| 1. Academic Qualifications of Applicant:

*(Bachelor's degree onwards, with University, year, subject, Division/CGPA*) |
|  | Degree | University | Year | Subject | *Division/CGPA* |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |

|  |
| --- |
| 1. Research Area (Please specify)
 |
| Type area of research |
| 1. Statement of the nominee’s qualifications (50 words)
 |
| Type details of qualifications |
| 1. Research Contributions. (2000 Words)
 |
| Type details of research contributions |
| 1. List of 5 best papers (Attach PDF files).
 |
| Type details |
| 1. List of Patents filed or granted (National and International).
 |
| Type list of patents |

***Certified that the information given above is correct to the best of my knowledge.***

|  |  |
| --- | --- |
|  |  |
|  | Nominator’s Signature |

|  |  |
| --- | --- |
| Name  | Click here to enter text |
| Designation | Designation |
| Address | Email |
|  | Phone/Mobile |
|  | Email |
|  | (Office Seal) |
| Place: |  |
| Date |  |

**Nominations should be made by current/or by a past President of SBAOI with the concurrence of the nominee.**