A picture containing circle

Description automatically generated**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/](file:///D:\Official\SBAOI\SBAOI%20Award%20Commitee%202022\5%20Award%20Forms%20Final%20(Basu)\%09https:\biomaterials.org.in\)

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

**APPLICATION FORM**

Best Undergraduate Project Award

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

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| --- | --- |
| 1. Date of birth: | Type dd-MM-yyyy |
| 1. Category *(Click on the box to select)* | |
| ☐ Academia, ☐ Research organization, ☐ Industry | |
| Type name of the Organization | |

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| --- | --- | --- | --- | --- | --- |
| 1. Academic Qualifications of Applicant:   *(Bachelor's degree onwards, with University, year, subject, Division/CGPA*) | | | | | |
|  | Degree | University | Year | Subject | *Division/CGPA* |
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1. Research Area (Please specify)

Type area of research

1. Title of the thesis (\*Synopsis of the thesis to be attached)

Type area of research

1. List of Awards and Honours (national and international level)

* National

Type area of research

* International

Type details of International awards

1. List of papers published in Journals/proceedings

Type list of papers published in peer reviewed journals

1. List of Conference Presentations:

Type the list of abstracts in conference proceedings

1. List of patents applied or granted (National and international):

Give the list of patent and current status

|  |  |
| --- | --- |
|  |  |
|  | Signature of Applicant |

**Recommendation of Supervisor/Head of the Department**

|  |  |
| --- | --- |
| Name of the Supervisor/HOD: Name |  |
| Designation | Signature |

Address

|  |
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| Type office address here |
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| Email |