**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%3A%5COfficial%5CSBAOI%5CSBAOI%20Award%20Commitee%202022%5C5%20Award%20Forms%20Final%20%28Basu%29%5C%09https%3A%5Cbiomaterials.org.in%5C)

**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 |

|  |  |
| --- | --- |
| 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 |

|  |
| --- |
| 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. 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

|  |
| --- |
| Type office address here |
| Telephone/Mobile |
| Email |