

Association for Prevention & Control of Rabies in India (APCRI)

Application for “Young Scientist Award”

1. **Name:** _____
2. Date of Birth & Age: _____ Yrs 3. Sex: _____
4. **Institutional address:** _____

5. Qualification(s): _____
6. Present designation: _____
7. Phone Nos: (Office): _____ (Res): _____ Mobile: _____
8. Fax: _____ 9. E-mail (s): _____
10. **Topic of research (s) work undertaken** (enclose only details of work done in the field of rabies): _____
11. Place & year during which research was undertaken: _____

12. Training undergone (relevant to rabies): _____
13. Total years of Experience: _____ Teaching: _____ Research: _____
14. Awards/ Medals / Fellowship received (enclose copies): _____

15. Total number of research papers published (relevant to rabies): _____
National Journals _____, International Journals: _____
16. Any other information in support of research work: _____

(Signature of the applicant)

(Signature & Seal of Head of the Department)

(Signature & Seal of the Head of the Institution)

Note: 1) Submit an attested copy of proof of your age (10th std. marks card/etc.)
2) Submit a copy of the research work done for claiming the award.