|  |  |  |  |
| --- | --- | --- | --- |
| SACRED HEART COLLEGE (AUTONOMOUS) THEVARA, KOCHI, KERALA | | **Sacred Heart College**  **(Autonomous)**  **Thevara, Kochi – 682 013**  **Ph: 0484-2870577 E-mail:** [**iqac@shcollege.ac.in**](mailto:iqac@shcollege.ac.in)  [**www.shcollege.ac.in**](http://www.shcollege.ac.in) | |
| **Rev. Dr. Jose Kuriedath Award for the Best All-rounder 2023**  **APPLICATION** | | | |
| **1. General Information** | | | |
| Name of the Student  (*in block letters*) | |  | |
| Department | |  | |
| Class and Reg. No. | |  | |

**2. Academic Excellence:**

|  |  |
| --- | --- |
| **SEM** | **CGPA (out of 10)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*(Attach a copy of the consolidated mark list)*

**3. Academic Enrichment by Learning Additional Courses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of the Course** | **Duration** | **Agency** | **Remarks** |
| 1. 1 |  |  |  |  |
| 1. 2 |  |  |  |  |
| 1. 3 |  |  |  |  |
| 1. 4 |  |  |  |  |
| 1. 5 |  |  |  |  |

*Attach a copy of the completion certificate of the course.*

**4. Publications (Journal Articles / Book Chapters) :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of Publication** | **Type of Publication** | **Authorship**  (*Single/Corresponding/First/Second/Third*) | **National / International/ Regional** |
| 1. 1 |  |  |  |  |
| 1. 2 |  |  |  |  |
| 1. 3 |  |  |  |  |
| 1. 4 |  |  |  |  |
| 1. 5 |  |  |  |  |
| 1. 6 |  |  |  |  |
| 1. 7 |  |  |  |  |
| 1. 8 |  |  |  |  |
| 1. 9 |  |  |  |  |
| 1. 0 |  |  |  |  |

*(Attach a copy of the first page of the article and page of the journal showing impact factor)*

**5. Paper Presentation / Participation in Seminars / Conferences:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of the Seminar with Dates** | **National / International / Regional** | **Presentation / Participation** | **Title of Presentation** |
| 1. 1 |  |  |  |  |
| 1. 2 |  |  |  |  |
| 1. 3 |  |  |  |  |
| 1. 4 |  |  |  |  |
| 1. 5 |  |  |  |  |

*(Attach a copy of the presentation / participation certificate)*

**6. Student Tutorship:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **l. No.** | **Class for which peer teaching has been offered** | **No. of students attended** | **Number of Hours Engaged** | **Topics** | |
| 1. 1 |  |  |  |  | |
| 1. 2 |  |  |  |  | |
| 1. 3 |  |  |  |  | |
| 1. 4 |  |  |  |  | |
| 1. 5 |  |  |  |  | |
| *(Attach a certificate from the Course teacher)*  **7. Participation in Co-curricular Activities (NSS/NCC/Sports/Arts/others…):**   |  |  |  |  | | --- | --- | --- | --- | | **Sl. No.** | **Activity** | **International/National/State/ University/College** | **Nature of participation in the activity** | | 1. 1 |  |  |  | | 1. 2 |  |  |  | | 1. 3 |  |  |  | | 1. 4 |  |  |  | | 1. 5 |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Remarks by the Faculty Co-ordinator/s:  ......................................................................................................................................................................................................................  ............................................................................................................................................................................................................................................................................................................................................................................................................................................  ......................................................................................................................................................................................................................  ............................................................................................................................................................................................................................................................................................................................................................................................................................................  **8. Leadership:**   |  |  |  | | --- | --- | --- | | **Sl. No.** | **Body / organization** | **Period of Leadership** | | 1. 1 |  |  | | 1. 2 |  |  | | 1. 3 |  |  | | 1. 4 |  |  | | 1. 5 |  |  |   *Note: Candidate should give a brief account of the outcome of his or her leadership in a separate sheet.*  **9. Awards and Recognitions**   |  |  |  |  | | --- | --- | --- | --- | | **Sl. No.** | **Award / Recognition** | **Awarding Agency** | **International / National / State / University / College** | | 1. 1 |  |  |  | | 1. 2 |  |  |  | | 1. 3 |  |  |  | | 1. 4 |  |  |  | | 1. 5 |  |  |  |   *(Attach a copy of the award letter)*  **10. Service to the Institution:**   |  |  |  | | --- | --- | --- | | **Sl. No.** | **Nature of Service** | **Awarding Agency** | | 1. 1 |  |  | | 1. 2 |  |  | | 1. 3 |  |  | | 1. 4 |  |  | | 1. 5 |  |  |   *Note: Candidate should give a brief account of the outcome of his/her service to the institution in a separate sheet*.  **11. Other achievements, if any.** | | | | | | |
|  | | | | | | |

**12. Recommendation of the Class teacher.**

|  |
| --- |
|  |

**12. Recommendation of the Head of the Department.**

|  |
| --- |
|  |

|  |
| --- |
| **DECLARATION** |
| I declare that all the information provided and claims made are true and correct.    Date : Signature:  Place: Name : |

|  |
| --- |
| ***Please submit the duly filled applications forms to:***  **Dr. C. S. Francis**  Convenor, Award Committee - 2024  Sacred Heart College, Thevara, Kochi – 682 013  Or  **Fr. Dr. Joseph Varghese CMI**  Co-ordinator, IQAC  Sacred Heart College, Thevara, Kochi – 682 013  ***The last date for accepting the application form is 14 February 2024.*** |