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| 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) | | |
| **Dr. Cyriac Antony Young Scientist /Researcher Award** | | | | |
| **APPLICATION**  *(The age of the applicant must be below 40 years as on 31 December 2023)*  **1. General information** | | | | |
| Name of the Applicant  (*in block letters*) | | |  | |
| Department | | |  | |
| Age & Date of Birth | | |  | |
| Date of joining the College | | |  | |
| Current Designation | | |  | |
| **2. Educational qualifications (Ph.D., PDF etc..)** | | | | |
| **Sl. No.** | **Degree** | | **University** | **Ye** |
| 1. 6 | Ph.D. | |  |  |
| 1. 7 | Post-Doctoral | |  |  |
| 1. 8 | …………………… | |  |  |
| 1. 9 | …………………… | |  |  |
| 1. 10 | …………………… | |  |  |

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| **3**. **Research and Consultancy**: | |
| Year of Award of Ph.D. |  |
| No. of Publications |  |
| No. of Patents awarded |  |
| No. of papers presented in Conferences, Seminars, Workshops and Symposia |  |
| Year of Award of Research Guideship |  |
| No. of Ph.D’.s produced |  |
| No. of Ph.D. students currently registered |  |
| No. of Major Research Projects awarded/completed |  |
| No. of Minor Research Projects awarded/completed |  |
| Total amount of research grant awarded |  |
| Area of Consultancy |  |
| Income generated by consultancy during the last five years |  |
| *Please provide the detailed list and supporting documents as annexures for all the above claims* | |

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| **4. Awards and Recognitions** | | |
| Number of Awards won | International:  National :  State : | |
| Number of Plenary or Invited Lectures in Seminars, Conferences and Symposia | International:  National :  State : | |
| Number of Chairmanships in Seminars, Conferences and Symposia | International:  National :  State : | |
| Memberships in professional bodies & organizations. |  | |
| Membership in editorial boards / Reviewer of academic journals |  | |
| *Please provide the detailed list and supporting documents as annexures for all the above claims* | | |
|  | | |
| **SELF DECLARATION** | | |
| I certify that all the information provided and claims are true and correct.    Date : Signature:  Place: Name : | | |

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| ***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.*** |