

Application for Award Criteria & Evaluation Process

Credit Point Evaluation: Total Points 100

The award Title will be selected based on the overall
Credits & Merits, Skills & Individual Achievement.

Please fill up & Send the soft copy of this application in PDF

Based on the bellow information the points will be allotted for Title of Award

Email: info@engineeringtoady.org

www.globalawards.in www.globalawards.org www.globalawards.online

Submission Last Date:

Proposed Award Title (Office use only)

Form 1

Date:

Place:

Current Employment Details

Name (Mr.-Mrs.-Ms-Dr-Er.-lr.):

Designation:

Department:

Name of the Organization:

Address of the Organization:

Add Photo

Personal

IC-ID- Passport No:

Nationality:

Date of Birth:

Age:

Gender: Male/ Female

Mobile No:

Alternate Mobile No:

What's App No:

Residence Phone No:

Email:

Alternate Email:

Communication Address:

Pin code/Postcode/Zip:

State:

Form 2

(1)	<u>School Education</u> <u>Secondary School Education</u> <u>(10 Year Study)</u>	Credits/Grades/Marks/CGPA (Average):	<u>Evaluation Point/Remarks</u> <u>Office use only</u>
(2)	<u>Higher Secondary School Education</u> <u>(10 + 2)</u>	Credits/Grades/Marks/CGPA (Average):	
(3)	Diploma (Yes/No):	Credits/Grades/Marks/CGPA (Average): Specialization: University Name:	
(4)	Bachelor Degree (Yes/No):	Credits/Grades/Marks/CGPA (Average): Specialization: University Name:	
(5)	Master Degree (Yes/No):	Credits/Grades/Marks/CGPA (Average): Specialization: University Name:	

Form 3

Research Program

(6)	PhD Research Scholar (Yes/No) Area of Expertise: Expected Completion University Name:	
(7)	PhD Awarded (Yes/No) Credits/Grades/Marks/CGPA (Average): Area of Expertise: University Name:	

Post-Doctoral Research Program

(8)	Post Ph.D Research Scholar (Yes/No) Area of Expertise: Expected Completion: University Name:	
(9)	Post Ph.D Awarded (Yes/No) Credits/Grades/Marks/CGPA (Average): Area of Expertise: University Name:	

Form 4

Doctoral Guideship Registration

(11)	Research Guide (Yes/No): Area of Expertise: No. of Research Scholars Registered: No. of Research Scholars Completed: University Name: Reg/ID/Reffernce No. University Name:	
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Post-Doctoral Guideship Registration

(12)	Post-Doctoral Research Guide (Yes/No): Area of Expertise: No. of Post-Doctoral Research Scholars Registered: No. of Post-Doctoral Research Scholars Completed: University Name: Reg/ID/Reffernce No. University Name:	
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Form 5

IIT/NIT Education

<u>Bachelors Degree</u>	Credits/Grades/Marks/CGPA (Average): Specialization:	
<u>Master Degree</u>	Credits/Grades/Marks/CGPA (Average): Specialization:	
<u>Ph.D</u>	Credits/Grades/Marks/CGPA (Average): Specialization:	
<u>Post Doctoral</u>	Credits/Grades/Marks/CGPA (Average): Specialization:	

Form 6

Additional Courses Completed

(12) Certificate (Yes/No):	Credits/Grades/Marks (Average): Specialization:	
(12b) Diploma (Yes/No):	Credits/Grades/Marks/CGPA (Average): Specialization:	
(12c) Degree (Yes/No):	Credits/Grades/Marks/CGPA (Average): Specialization:	

Form 7

Scientific Research Particulars

(13)Scientist (Yes/No):	No. of Years as a Scientist: Area Expertise: Name of Scientific Research Organization /University:	
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Form 8

Educational Membership Qualification

(14) National (Yes/No):

No of Educational-Professional Mmembershship Obtained

1. Name of the Professional body/Association/Organization:	Professional Title:	
2. Name of the Professional body/Association/Organization:	Professional Title:	
3. Name of the Professional body/Association/Organization:	Professional Title:	
4. Name of the Professional body/Association/Organization:	Professional Title:	
5. Name of the Professional body/Association/Organization:	Professional Title:	

Membership Title: Example

Engineering-Medical Science-Business Management-Law- Arts & Science

MISTE,AMIETE,MIETE,FIETE., AMIE,MIE.,FIE, FICE, FISMS, FISAE,FISBM,FISAS,SMISME,FISME,FISEEE,FISECE, FSIESRP,Er,Ir,C.En.,P.Eng, FIHBMP-FIAAEP-FICAE-FIME- FIEEE

Sample of National Membership Qualification Title & Organization

FSIESRP – Fellow of The Society of Innovative Educationalist & Scientific Research Professional

FISMS- Fellow of Indian Society of Medical Science

FISAS – Fellow of Indian Society of Arts & Science

FISBM – Fellow of Indian Society of Business Management

MISTE - Member of Indian Society of Technical Education

FIETE – Fellow of Institute of Electronics & Teleco. Engineers

FIE – Fellow of Institution of Engineers

FISME – Fellow of Indian Society of Mechanical Engineers

FISEEE- Fellow of Indian Society of Electrical & Electro. Engineers

FISAero.E – Fellow of Indian Society of Aerospace Engineers

FAeSI – Fellow of Aeronautical Society of India

FISECE- Fellow of Indian Society of Electronics & Comm. Engineers

FISAS – Fellow of Indian Society of Arts & Science

FISAgr.E- Fellow of Indian Society of Agricultural Engineers

FISCheE – Fellow of Indian Society of Chemical Engineers

FISCE – Fellow of Indian Society of Computer Engineers -C.Eng – Chartered Engineer

P.Eng –Professional Engineer – Society of Professional Engineers

FIV- Fellow of Institution of Valuers

FISAE – Fellow of Indian Society of Automotive Engineers

The Institution of Aeronautics & Astronautics Engineers & Pilots (FIAAEP)

The Institution of Civil & Architectural Engineers (FICAE)

The Institution of Mechanical Engineers (FIME)

The Institution of Electrical & Electronics Engineers (FIEEE Chennai)

The Innovative Institution of Engineering Technological and Management Science (FIETMS)

The Innovative Scientific Research Professional Institute (FISRPI)

Society of Professional Engineers (India)

Indian Society of Arts & Science (FISAS)

Indian Society of Medical Science (FISMS)

The Institution of Hotel and Business Management Practitioners (FIHBMP)

Membership Qualification (Yes/No)

(15)International

No of Educational-Professional Mmembershship Obtained

1. Name of the Professional body/Association/Organization:	Professional Title:	
2. Name of the Professional body/Association/Organization:	Professional Title:	
3. Name of the Professional body/Association/Organization:	Professional Title:	
4. Name of the Professional body/Association/Organization:	Professional Title:	
5. Name of the Professional body/Association/Organization:	Professional Title:	

Membership Title: Example

MIEM.,FIEM., BEM.,Er.,Ir.,C.Eng.,P.Eng.,

I.Eng(RoyalCharter),FIME(UK),FICE(UK),FIET(UK),MSAE(USA),FIAA(USA). MIEEE (USA) Er. Engineer

Sample of International Membership Qualification Title & Organization Engineering-Medical Science-Business Managment-Law- Arts & Science

MSAE - Member of Society of Automotive Engineers (USA)

FASME- Fellow of American Society of Mechanical Engineers (USA)

FASCE – Fellow of American Society of Civil Engineers (USA)

FIAA – Fellow of Institute of Aeronautics & Astronautics

FIEM - Fellow of Institution of Engineers Malaysia

FSET- Fellow of Society of Engineers & Technicians Kuala Lumpur

P.Eng – Board of Engineers Malaysia

Ir- Board of Engineers Malaysia

FRAeS- Fellow of Royal Aeronautical Society of London

FICE – Fellow of Institution of Civil Engineers (UK)

FIME – Fellow of Institution of Mechanical Engineers (UK)

C.Eng. - Chartered Engineer – Engineering Council (UK)

P.Eng. - Professional Engineer – National Society of Professional Engineers (USA)

Royal Society of Medicine

RAF Centre of Aviation Medicine

Royal British Nurses' Association

Royal College of Anaesthetists

Royal College of Emergency Medicine

Royal College of General Practitioners

Royal College of Midwives

Royal College of Obstetricians and Gynaecologists

Royal College of Ophthalmologists

Royal College of Paediatrics and Child Health

Royal College of Pathologists

Royal College of Physicians

Royal College of Psychiatrists

Royal College of Radiologists

Royal Society for Public Health

Royal Society of Tropical Medicine and Hygiene

Form 9

Awards & Honors

(16) Recipient of Awards National (Yes/No):

No. of Awards Received:

Type of organization:

(a) Government (b) Professional Bodies

(c) Professional organization (d) Association

(e) University (f) Institution (g) Industrial organization (h) IIT/NIT

1. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
2. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
3. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
4. Year of Award:	Title of Award:	Name of organization:	Type of organization:	

(17) Recipient of Awards (Foreign Countries) (Yes/No):

No. of Awards Received:

Type of organization:

(a) Government (b) Professional Bodies

(c) Professional organization (d) Association

(e) University (f) Institution (g) Industrial organization (h) IIT/NIT

1. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
2. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
3. Year of Award:	Title of Award:	Name of organization:	Type of organization:	
4. Year of Award:	Title of Award:	Name of organization:	Type of organization:	

Form 10

Paper Publication

(18) Research Papers Publication (National) (Yes/No):

Total Paper Published:

No. of Papers Published in Impact Factor Journals:	No. of Papers Published in Indexed Journals :	No. of papers Published in Other Journals :	No. of papers Published in Scopus Journals	
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(19) Research Papers Publication (Foreign Journal) (Yes/No):

Total Paper Published:

No. of Papers Published in Impact Factor Journals:	No. of Papers Published in Indexed Journals :	No. of papers Published in Other Journals :	No. of papers Published in Scopus Journals:	
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Text Book Publication

(20) Text Book's Publication (National) (Yes/No):

No. of Text Books Published:

<u>Book Name</u>	<u>Author Name</u> <u>Co Author Name</u>	<u>Publication</u>	
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(21) Text Book's Publication (Foreign Countries) (Yes/No):

No. of Text Books Published:

<u>Book Name</u>	<u>Author Name</u> <u>Co Author Name</u>	<u>Publication</u>	
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Form 11

Editorial Board Member – Scientific Research Journals

(22) National ((Yes/No) :

Assignments - Letter of appointment obtained

Chief Editor- Consulting Editor- Associate Editor – Executive Editor – Editor in Chief- Technical Editor- Technical Consultant- Professional Advisor – Editorial Board Member – Reviewer, etc.

1. Journal Name	Designation	
2. Journal Name	Designation	
3. Journal Name	Designation	
4. Journal Name	Designation	
5. Journal Name	Designation	
6. Journal Name	Designation	
7. Journal Name	Designation	

(23) Foreign Countries (Yes/No):

Assignments - Letter of appointment obtained

Chief Editor- Consulting Editor- Associate Editor – Executive Editor – Editor in Chief- Technical Editor -Technical Consultant – Professional Advisor – Editorial Board Member – Reviewer, etc.

1. Journal Name	Designation	
2. Journal Name	Designation	
3. Journal Name	Designation	
4. Journal Name	Designation	
5. Journal Name	Designation	
6. Journal Name	Designation	
7. Journal Name	Designation	

Educational - Professional Magazines - Editorial Board Member

(24) National (Yes/No)

Assignments Letter of appointment obtained

Chief Editor-- Consulting Editor- Associate Editor – Executive Editor – Editor in Chief- Technical Editor- Technical Consultant – Professional Advisor – Editorial Board Member – Reviewer, etc.

1. Magazine Name	Designation	
2. Magazine Name	Designation	
3. Magazine Name	Designation	
4. Magazine Name	Designation	
5. Magazine Name	Designation	
6. Magazine Name	Designation	
7. Magazine Name	Designation	

(25) Foreign Countries (Yes/No)

Assignments Letter of appointment obtained

Chief Editor-- Consulting Editor- Associate Editor – Executive Editor – Editor in Chief- Technical Editor Technical Consultant – Professional Advisor – Editorial Board Member – Reviewer, etc.

1. Magazine Name	Designation	
2. Magazine Name	Designation	
3. Magazine Name	Designation	
4. Magazine Name	Designation	
5. Magazine Name	Designation	
6. Magazine Name	Designation	
7. Magazine Name	Designation	

Form 12

Teaching Experience

(26) Teaching Experience (National) (Yes/No):

No. of Years Teaching Experience:

Type of Organization:

School / College/ Institution/ University/Polytechnic/Engineering Institution/Education /Arts & Science College/ Technical Course/ Management Studies /Medical Science /Law Studies /Agri Studies, et.

1. Type of Organization:	
2. Type of Organization:	
3. Type of Organization:	
4. Type of Organization:	

(27) Teaching Experience (Foreign Countries) (Yes/No):

No. of Years Teaching Experience:

School / College/ Institution/ University/Polytechnic/Engineering Institution

School Education /Arts & Science College/ Technical Course/ Management

Studies /Medical Science/Law Studies/Agri Studies , etc.

1. Type of Organization:	
2. Type of Organization:	
3. Type of Organization:	
4. Type of Organization:	

Visiting Faculty

(28) Visiting Professor-Guest Faculty - National (Yes/No):

No. of Visit:

1. Name of Institution	
2. Name of Institution	
3. Name of Institution	
4. Name of Institution	
5. Name of Institution	

(29) Visiting Professor-Guest Faculty - International (Yes/No):

No. of Visit:

1. Name of Institution	
2. Name of Institution	
3. Name of Institution	
4. Name of Institution	
5. Name of Institution	

Other Work Experience

(29) National (Yes/No):

No. of Years Work Experience :

1. Name of Organization	
2. Name of Organization	
3. Name of Organization	
4. Name of Organization	
5. Name of Organization	

(30) International (Yes/No):

No. of Years Work Experience :

1. Name of Organization	
2. Name of Organization	
3. Name of Organization	
4. Name of Organization	
5. Name of Organization	

Industrial Experience/ Organization

(31) National (Yes/No):

No. of Years Industrial Experience (Yes/No):

1. Name of Organization	
2. Name of Organization	
3. Name of Organization	
4. Name of Organization	
5. Name of Organization	

(32) International (Yes/No):

No. of Years Industrial/Organization Experience (Yes/No):

1. Name of Organization	
2. Name of Organization	
3. Name of Organization	
4. Name of Organization	
5. Name of Organization	

Form 13

Committee Member (Yes/No)

(33) Letter of appointment obtained

National

Secretary – Board of Director - Committee Member –President- Vice President –Vice Chancellor – Chancellor - Inspection-Doctoral Committee Member Appointment for Universities – Professional Bodies - Institutions- Associations

1. Name of Organisation	Designation	
2. Name of Organisation	Designation	
3. Name of Organisation	Designation	
4. Name of Organisation	Designation	
5. Name of Organisation	Designation	

(34) Letter of appointment obtained

International

Secretary – Board of Director - Committee Member –President – Vice President – Vice Chancellor – Chancellor - Inspection-Doctoral Committee Member Appointment for Universities – Professional Bodies – Institutions- Associations

1. Name of Organisation	Designation	
2. Name of Organisation	Designation	
3. Name of Organisation	Designation	
4. Name of Organisation	Designation	
5. Name of Organisation	Designation	

Session Chair Participation Conference – Meeting – Seminar –Workshop - Awards

Letter of Invitation obtained (Yes/No):

(35) National - Session Chair – Chief Guest - (Yes/No):

No. of Invitation:

Session Chair Participation for Convention- Professional Awards – Conference- Universities – Professional Bodies – Institutions- Associations – Professional Organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

(35b) International- Session Chair- Chief Guest (Yes/No):

Letter of Invitation obtained (Yes/No):

No. of Invitation:

Session Chair Participation for Convention- Professional Awards – Conference- Universities – Professional Bodies – Institutions- Associations – Professional Organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

Form 14

Participation for Conference –Seminar-Workshop Certificate)

(36) National (Yes/No):

No. Participation:

Conference of Universities – Professional Bodies – Institutions- Associations –
Professional Organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

(37) Abroad (Yes/No):

No. Participation:

Conference of Universities – Professional Bodies – Institutions- Associations –
Professional Organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

Educational- Professional bodies Chapter Activities

(38) National (Yes/No):

Student Chapter Advisor/Faculty Advisor -Appointment Letter of Professional Bodies –
Associations- University

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

(39) International (Yes/No):

Student Chapter Advisor/Faculty Advisor -Appointment Letter of Professional Bodies –
Associations- University

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

Form 15

Project Works involved- completed (Yes/No)

(40) National (Yes/No):

Total No. of Projects approved:

1. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
2. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
3. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
4. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
5. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	

(41) International (Yes/No):

Total No. of Projects approved:

1. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
2. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
3. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
4. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	
5. Funding organization Name:	Title of the Project:	Cost of the Project:	Year of Project completion/Expected:	Project Guide Name:	

Form 16

Certificate of Appreciation Letter

(42) National (Yes/No):

Appreciation Certificate from Student Chapter of Professional Bodies – Institutions-
Associations- Industrial organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

(43) International (Yes/No):

Appreciation Certificate from Student Chapter of Professional Bodies – Institutions-
Associations, Industrial organization

1. Name of Organisation	
2. Name of Organisation	
3. Name of Organisation	
4. Name of Organisation	
5. Name of Organisation	

Recommendation Letter

(44) National (Yes/No):

Recommendation letter from Superior (Academic):	Recommendation letter from Superior (Industry/Organisation):	
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Recommendation Letter

(45) International (Yes/No):

Recommendation letter from Superior (Academic):	Recommendation letter from Superior (Industry/Organisation):	
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References

(46) Highest Qualification & Experienced in Academic-Industry – Organization:

References must be Two Members compulsory in Academic-Industry- Organization

Name: Highest Qualification: Designation: Email: Mobile: WhatsApp No.: Organization Name:	
Name: Highest Qualification: Designation: Email: Mobile: WhatsApp No.: Organization Name:	

Form 17

Organization Establishment (Yes/No)

(47) Industry – Small Scale Industry - Proprietorship -Organization – Institution- Other Establishment, etc.

Proprietor - Entrepreneur – Board of Director- Managing Director- Director –Chairman

1. Name of the Organization : Designation:	No. of Years Establishment:	Place:	
2. Name of the Organization: Designation:	No. of Years Establishment:	Place:	
3. Name of the Organization: Designation:	No. of Years Establishment:	Place:	

Form 18

Top Management Services (Yes/No)

(48) No. of year's service as a Principal/Vice Principal:

No. of Person working under your leadership:	
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(49) No. of year's service as a Head/ Ic of the Department:

No. of Person working under your leadership:	
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(50) No. of year's service as a Dean- Director:

No. of Person working under your leadership:	
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(51) No. of year's service as a Chancellor- VC:

No. of Person working under your leadership:	
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Form 19

Social Service /Achievement / Extra-Curricular activities) (Yes/No)

It should be maximum 50 words only

(52) Previous Achievement:

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(53) Current Achievement:

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(54) Future goal/ Career Development:

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Form 20

Common Language (Knowledge in English)

(55) Knowledge in English

Read (Excellent – Good – Average)

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Write (Excellent – Good – Average)

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Spoken (Excellent – Good – Average)

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Sports Activities - Achievements

(56) Recipient of National Award /Certificate-Medal of honor (Yes/No):

Name of Organisation	Year	
Name of Organisation	Year	
Name of Organisation	Year	

(57) Recipient of International Award /Certificate-Medal of honor (Yes/No):

Name of Organisation	Year	
Name of Organisation	Year	
Name of Organisation	Year	

International Travel Information (Yes/No):

(58) No. of Countries Visited:

USA/Canada/UK Valid Visa Endorsed (Yes/No):

1. Country Name:	Purpose: (Educational Visit /Personal) :	Year	
2. Country Name:	Purpose: (Educational Visit /Personal) :	Year	
3. Country Name:	Purpose: (Educational Visit /Personal) :	Year	

Extraordinary Skills & Overall Special Contribution (Yes/No):

(59) What you have accomplished in the past in your career:

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(60) Additional Skills (Yes/No):

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Form 21

General Media Activities

Have you advertised your Profile / given Speech of Educational - Professional Activities - Achievements in any Social Media

(61) Technical Magazines: (Yes/No):

1. Name of Magazine	
2. Name of Magazine	
3. Name of Magazine	

(62) Educational Magazines: (Yes/No):

1. Name of Magazine	
2. Name of Magazine	
3. Name of Magazine	

(63) Educational Newspaper: (Yes/No):

1. Name of Newspaper	
2. Name of Newspaper	
3. Name of Newspaper	

(64) General Newspaper: (Yes/No):

1. Name of Newspaper	
2. Name of Newspaper	
3. Name of Newspaper	

(65) Television Program: (Yes/No):

1. Name of Program	
2. Name of Program	
3. Name of Program	

Form 22

For Editorial Board Members

(66)Journal (Yes/No):

1. Scopus- Indexed Journal:	Journal Impact factor:	
2. Scopus- Indexed Journal:	Journal Impact factor:	
3. Scopus- Indexed Journal:	Journal Impact factor:	

(67)Magazines (Yes/No):

1. Title	
2. Title	
3. Title	

(68)Text Books (Yes/No):

1. Title	
2. Title	
3. Title	

(69)News Magazines (Yes/No):

1. Title	
2. Title	
3. Title	

(70)News Papers(Yes/No):

1. Country of Publication:	Place of Publication:	Designation:	No. of Years:	Name of the Publication:	Specialization:	
2. Country of Publication:	Place of Publication:	Designation:	No. of Years:	Name of the Publication:	Specialization:	
3. Country of Publication:	Place of Publication:	Designation:	No. of Years:	Name of the Publication:	Specialization:	

(71)IIT Seminar/Workshop/Conference(Indian Institute of Technology)(Yes/No):

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(72) NIT Seminar/Workshop/Conference (Yes/No):

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(78) Abroad Education School/College/University (Yes/No):

1.	
2.	
3.	

(73) Dr./Er./Ir. Approval Status (Yes/No):

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(74) No. of Ph.D Completed(Yes/No):

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Form A

For Engineering/Technological Professionals only Professional Engineer Registration Certificate (P.Eng./P.Engr)

(75) National (Yes/No):

1. Name of the Professional Registration Council:	Title:	
2. Name of the Professional Registration Council:	Title:	
3. Name of the Professional Registration Council:	Title:	

(76) International (Yes/No):

1. Name of the Professional Registration Council:	Title:	
2. Name of the Professional Registration Council:	Title:	
3. Name of the Professional Registration Council:	Title:	

Chartered Engineer (C.Eng.) /Incorporated Engineer (I.Eng.) Registration Certificate /BEM Certificate/Engineering Technical (Eng.Tech)

(77) National (Yes/No):

Name of the Professional Registration Council:	Title:	
Name of the Professional Registration Council:	Title:	
Name of the Professional Registration Council:	Title:	

(78) International (Yes/No):

Name of the Professional Registration Council:	Title:	
Name of the Professional Registration Council:	Title:	
Name of the Professional Registration Council:	Title:	

Registration of Valuer Certificate FIV /AIV,etc.,

(79) National (Yes/No):

Name of the Council:	Title:	
Name of the Council:	Title:	

(80) International: (Yes/No):

Name of the Council:	Title:	
Name of the Council:	Title:	

Form B

For Marine Engineering Professionals

Marine License obtained

(81)National (Yes/No):

License of Competence Engineer	
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(82)International (Yes/No):

License of Competence Engineer	
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Other Professional License Particulars: (Yes/No):

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Form C (Aviation)

For Aircraft Maintenance Engineering Professionals

Aircraft Maintenance Engineer License

(83)National (Yes/No):

License of Competence Engineer	
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(84)International (Yes/No):

License of Competence Engineer	
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Other Professional License Particulars: (Yes/No):

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Pilot Professional License & Aircrew

(85)National

Pilot License Particulars: (Yes/No):

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Chief Flying Course Instructor (Yes/No):

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Membership:

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Aircrew Course Training Certificate: (Yes/No):

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No. of Hours Flown:

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No. of years Experience:

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Type of Aircraft

--	--

(86)International

Pilot License Particulars: (Yes/No):

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Chief Flying Course Instructor (Yes/No):

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Membership:

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Aircrew Course Training Certificate: (Yes/No):

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No. of Hours Flown:

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Type of Aircraft

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For Aeronautics & Astronauts Professionals

(87)Astronaut License Particulars: (Yes/No):

No. of Years in Service:	Specialization:	Membership:	
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(88)Chief Flying Course Instructor (Yes/No):

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Form D

For Medical Science Professionals & Practitioners only

(89)Registered Medical Practitioner: (Yes/No):

Country & Place of Registration:	Registration No:	
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(90)Gazette Officer (Yes/No):

No. of years in Medical Service:	
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(91)Employee: Govt- Private (Yes/No):

Designation	
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(92)Own Clinic Established (Yes/No):

Specialization of Clinic Service:	
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For Law Professionals & Practitioners only

(93)Registered Practitioner: (Yes/No):

Country & Place of Registration:	Registration No:	
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(93A)Gazette Officer (Yes/No):

No. of years in Law Service:	Law Specialization:	No. Cases won:	
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(94)Employee: Govt Practice- Private (Yes/No):

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(95)Own office: established (Yes/No):

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(96) 15-30 Years Service in Government Sector (Yes/No):

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(97) 15-30 Years Service in Private Sector (Yes/No):

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Form E

Defense Services/NCC

(98)Army (Yes/No):

No. of Years Experience:	Designation/Title	
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(99)Navy (Yes/No):

No. of Years Experience:	Designation/Title	
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(100)Air force (Yes/No):

No. of Years Experience:	Designation/Title	
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(100A)NCC Participation (Yes/No):

No. of Years	Designation/Title	
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DECLARATION

I declare that the information given by me/Read the Award Criteria application is True to the best of my knowledge for the selection of suitable Award Title based on above/ my CV/Resume/Profile/Bibilography.

Note: Copy of the Certificates, other Documents must be enclosed for Verification on Request

Date:

Signature: