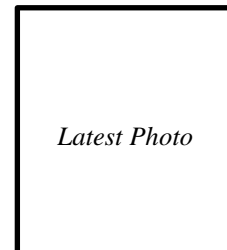




**Convention on Drug Discovery and Development: CDD-2023**

**FORMAT OF APPLICATION FOR NOMINATION**

1. Name of the Award (applied for):
2. CDD-2023 registration No. (Mandatory):
3. Name in full (in BLOCK LETTERS):
4. Father's/Guardian's/Husband's Name:
5. Date of Birth:
6. Nationality:
7. Religion:
8. Educational Qualifications (In chronological order from latest)



Examinations	Name of the Board/ University	Year of Passing	Division/ Class/Grade	Subject

9. Employment Record (Details in chronological order, starting with the latest)

Designation	Name of Employer	Date of Joining		Gross Salary	Year of Experience
		Joining	Leaving		
<b>Total</b>					

10. Total experience in years:
11. Details of work / experience, if any
12. Suitability for the Award (200 words):
13. Address for correspondence:
14. Contact Number:
15. List of publications with impact factor (Books, book chapters, review and research papers):
16. List of patents published and granted (Application number/grant number, title, year of publication and grant):



S. No.	Application number/ grant number	Title	Year	National/International
1				
2				

17. Research grant received (project number, project title, amount and status of project):

S. No.	Project number	Project title	Amount	Status
1				
2				

18. a) H-Index (Google Scholar)

b) Number of citations (Google Scholar)

c) Number of indexed papers (SCI, Scopus, Web of Science, UGC)

19. Membership of professional societies

20. Any social/voluntary work

21. Give below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed award.

a. Name:

b. Designation:

c. Affiliation:

d. Email:

e. Mobile No:

22. Brief CV (> two pages)

23. Any other information



## **CDD AWARDS-2023 NOMINATION FORM**

**(Nominations deadline: September 30, 2023)**

Name of the award (Applied for):

Name of Nominee:

Designation:

Employer/Institute:

Address,

Phone:

Fax:

E-mail:

**Signature**

Name of Nominator:

Designation:

Employer/Institute:

Address:

Phone:

Fax:

E-mail:

Professional Relationship to Nominee:

**(Signature)**

### **Enclosuers:**

1. Completed Application Form for Nomination
2. Completed CDD Awards Nomination Form
3. Nominator's cover letter
4. Minimum two letters of support for nominee
5. Documents supporting that nominee meets the individual award criteria
6. CDD convention details of registration