**Society for Biomaterials and Artificial Organs (India)**

A picture containing circle

Description automatically generated(Regd. No. 110/86)

**Sree Chitra Tirunal Institute for Medical Sciences and Technology**

Biomedical Technology Wing, Poojappura, Thiruvananthapuram 695 012, India

### Phone: +91-471-25 20 434, https://biomaterials.org.in/

**Member,** International Union of Societies for Biomaterials Sciences & Engineering, http://www.iusbse.org

**PROFORMA FOR NOMINATION**

SBAOI Distinguished Biomaterials Scientist Award

|  |  |
| --- | --- |
| 1. Name of the Nominee: | Click here to enter text |
| 1. Contact Details of Nominee: |  |
| **Address (Office)** | **(Residence)** |
| Enter address here | Enter address here |
| Telephone | Telephone |
| Mobile | Mobile |
| Email | Email |

|  |  |
| --- | --- |
| 1. Date of birth of Nominee & Sex: | Type dd-MM-yyyy  Gender |
| 1. Present designation of the Nominee | Type Designation |
| 1. Category *(Click on the box to select)* | |
| Academia,  Research organization,  Industry | |
| 1. Name of the organization in which the Nominee is working | Type name of the Organization |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Academic Qualifications of Applicant:   *(Bachelor's degree onwards, with University, year, subject, Division/CGPA*) | | | | | |
|  | Degree | University | Year | Subject | *Division/CGPA* |
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| 1. Research Area (Please specify) |
| Type area of research |
| 1. Statement of the nominee’s qualifications (50 words) |
| Type details of qualifications |
| 1. Research Contributions. (2000 Words) |
| Type details of research contributions |
| 1. List of 5 best papers (Attach PDF files). |
| Type details |
| 1. List of Patents filed or granted (National and International). |
| Type list of patents |

***Certified that the information given above is correct to the best of my knowledge.***

|  |  |
| --- | --- |
|  |  |
|  | Nominator’s Signature |

|  |  |
| --- | --- |
| Name | Click here to enter text |
| Designation | Designation |
| Address | Email |
|  | Phone/Mobile |
|  | Email |
|  | (Office Seal) |
| Place: |  |
| Date |  |

**Nominations should be made by current/or by a past President of SBAOI with the concurrence of the nominee.**