**FORMAT FOR BEST RESEARCHER AWARD**

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| For the Best Researcher Annual Award: Best Researcher University/Faculty & Young Rising Researcher Award\*. | |
| Academic Year: |  |
| Employee Code: |  |
| Full Name (Dr./Mr./Ms.): |  |
| Date of Birth (DD/MM/YYYY): |  |
| Date of Joining SGTU (DD/MM/YYYY): |  |
| Department: |  |
| Faculty: |  |
| Highest Qualification/ Degree: |  |
| Pursuing Degree (If any): |  |
| Total Teaching/Research Experience in SGT University (Years): |  |
| Total number of Publications as First/Corresponding author with affiliation to SGTU: |  |
| Number of Publications/Patents/Projects for the existing academic session: |  |

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| **PAPERS PUBLISHED/ACCEPTED IN SCOPUS/WOS INDEXED JOURNALS** | | | | | | |
| **Sr. No.** | **Title of the Paper** | **Details of Publishing** | | | **Category Scopus/ WOS** | **Are you First/ Corresponding Author (Yes/No)** |
| **Contributors Name** | **Journal Name, Vol. Year of publication** | **ISSN No**. |
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| **PAPERS PUBLISHED/ACCEPTED IN SCOPUS/WOS CONFERENCE PROCEEDINGS** | | | | | | |
| **Sr. No.** | **Title of the Paper** | **Details of Publishing** | | | **Category Scopus/ WOS** | **Are you First/ Corresponding Author (Yes/No)** |
| **Contributors Name** | **Journal/ Proceeding Name, Vol. Year of publication** | **ISSN/ ISBN No.** |
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| **DETAILS OF PATENTS/COPYRIGHT PUBLISHED/AWARDED\*\*** | | | | |
| **Sr. No.** | **Title of Patent/Copyright** | **Published/ Awarded** | **Registration No./Patent No.** | **National/ International** |
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| **DETAILS OF PROJECT GRANTS FROM EXTERNAL AGENCIES** | | | | | |
| **Sr. No.** | **Name of the Project** | **Whether you are PI or Co-PI** | **Name of Funding Agency** | **Government/ Non-Government** | **Ref. No./ Sanctioned Amount** |
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| 2 |  |  |  |  |  |

\*Eligibility criteria for Best Rising Researcher award: 2 years Teaching/Research experience in SGTU & age below or equal to 32 years at the time of application.

\*\*Those patents will not be considered which are awarded on a payment basis or without any screening

I certify that the information provided is correct and all supporting records/documents are available with me and will produce on demand.

**Signature of the Faculty**

**Head of the Department Dean of the Faculty**