**Form for Nomination**

**NATIONAL AWARD FOR RESEARCH SCHOLAR**

(Highest number of Research Publications by a Pharmacologist)

**Category: (Tick which is applicable)**



Residents (MD students/senior residents)

Junior faculty members (Assistant professors)

Senior faculty members (Associate/Additional professor and professors)

Consultants/ Pharmaceutical Physician / Clinical Research Scolars

**Name:**

**Designation:**

**Institute/college name:**

**Contact no:**

**Email:**

**Details of articles/papers (use separate sheets or page wherever required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Details of publication in Vancouver style** | **Indexing details** | **Impact factor**  **(Thomson Reuters)** |
|  |  |  |  |

I certify that the information provided herewith is correct to the best of my knowledge. I shall be disqualified, in case of any discrepancy or incorrect information.

Signature:

Date:

Scanned copy of duly filled form to be attached to link provided

For any query, you may contact

Dr.ChaitaliChindhalore, Chairperson (Scientific committee NAPTICON 2024) 8999905594