

CENTRAL COUNCIL OF INDIAN MEDICINE

NEW DELHI

NOMINATION FORM FOR ACHARYA AWARD

Name of Nominating Authority with Designation and official Address			
Category which nomination is made			
Name of the teacher with designation			
Institution of teacher where teacher is working			
Father's Name			
Date of Birth			
Nationality			
System to which teacher belongs (Ayurved, Unani and Siddha)			
Academic Qualification	Name of Qualification	Passing year	Name of University
UG			
PG			
Any other Course/Degree			
Extracurricular Activities			
Hobbies			
Achievements			
Publications (Research papers/Articles in reputed Journals/Books etc.)			
Specific Contribution towards particular field			
Details of any other Award received earlier.			

Justification for nomination (in brief and to the point) _____ _____ _____ _____ _____
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SIGNATURE OF NOMINATING AUTHORITY WITH SEAL OF THE OFFICE

DATE : _____

Consent of Nominee:-

I hereby offer my consent as proposal by nominating Authority.

SIGNATURE OF NOMINATING

Note:-Nomination form should be submitted with following documents:-

1. Justification for Nomination.
2. Fifteen copies of full bio-data and address for correspondence.
3. List of publications.
4. One set of publications.