# INDIAN NATIONAL ACADEMY OF ENGINEERING

**INAE CHAIR PROFESSORSHIP**

**PROFORMA FOR APPLICATION**

|  |  |  |
| --- | --- | --- |
|  | Name of Applicant |  |
|  | Current Designation and Affiliation |  |
|  | Address |  |
| 1.
 | Official  | 1. Residential
 |
|  | Address |  Address |
|  | Telephone |  Telephone |
|  | Fax |  Fax |
|  | E-Mail |  E-mail |
|  | Date of Birth |  |
|  | Field(s) of specialization |  |
|  | Academic Record |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Institute/University | Field | Year | CGPA/Division |
| Ph.DMaster’sBachelor’s |  |  |  |  |

 |
|  | Experience (Industry/Research & Development / Academic / Consultancy/Other) |  |
|  | Post-Doctoral experience (if any) |  |
|  | Awards Received |  |
|  | Fellowships/ Memberships of Academies/ Professional Societies |  |
| 11. | Publications\* |  |
|  | No. of Publications in Refereed Journals |  |
|  | Please provide up to date h-index and i10-index (based on Web of Science) |  |
|  | List of ten most cited papers and corresponding citations index |  |
|  | No. of Papers published in Conference Proceedings |  |
|  | No. of Books Authored(List of Major Publications may please be enclosed as Annexure I. The contributions during the last 5 years may be listed separately) |  |
| 12. | No. of Patents filed or granted including information on IPs generated in the last 10 years (provide list giving clear information)\* |  |
| 13. | Provide list with brief information on technologies developed and/or technologies transferred\* |  |
| 14.  | List of Research Projects completed as Principal Coordinator\* |  |
| 15. | Consultancies/projects executed listing the grand challenges and direct & indirect impact of the solution provided in each case (in brief)\* |  |
| 16. | Number of Theses supervised at Doctoral and Master's Level *(Please provide titles of the last 5 years)\** |  |
| 17.  | Summary of outstanding Achievements and Research Contributions (in 500 words) (Please enclose as Annexure II) |  |
| 18**.**  | Brief Statement of Purpose of the work to be undertaken including specific task/activity proposed to be undertaken (in 500 words) (Please enclose as Annexure III) |  |

 Name and Signature of INAE Fellow Applicant

Date:

Place:

\*Please provide information as applicable

CERTIFICATE OF SUPPORT FOR INAE CHAIR PROFESSOR

(TO BE SIGNED BY HEAD OF INSTITUTION WHERE APPLICANT IS SERVING AND WHERE WORK IS TO BE UNDERTAKEN)

|  |
| --- |
| 1. Name, Designation and Address of the Applicant
 |
| 1. Name and Address of Institution where Applicant is serving
 |
| 1. Proposed Area of work and Department of Affiliation
 |
| 1. Details of Concerned Authority in whose favour the payment is to be released (Name of the Concerned Authority, Account No., Account Type (Savings/Current), IFSC Code, Bank Name and Branch Address)
 |
| This is to certify that in the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being selected as INAE Chair Professor during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ he/she shall continue to draw full salary from this Institution.  |

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 (Signature of the Head of the Institution where Applicant is serving and Seal)

Date