**INDIAN NATIONAL ACADEMY OF ENGINEERING**

**INAE DISTINGUISHED PROFESSORS/TECHNOLOGISTS**

**PROFORMA FOR APPLICATION**

|  |  |
| --- | --- |
|  | Name of the Applicant |
|  | Address |
|  | Telephone No |
|  | Fax |
|  | E-Mail |
|  | Designation at the time of superannuation |
|  | Date of Birth |
|  | Name and Address of the institution from where superannuated |
|  | Date of superannuation |
|  | Name and Address of the institution(s) where the applicant intends to work |
|  | Field(s) of Specialization |
|  | Academic Record |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Degree | Institution | Discipline | Year | CGPA/Division | | Ph.D  Master’s  Bachelor’s |  |  |  |  | |
|  | Post Doctoral experience, if any |
|  | Experience (Industry/Research & Development/Academic/Consultancy/Other) |
|  | Awards Received |
|  | Fellowship/Membership of Academies/Professional Societies |
|  | Publications\* |
|  | List of Major Publications in Refereed Journals, Books authored, Conference Proceedings (Please enclose as Annexure I) |
|  | No. of Publications in Refereed Journals |
|  | Please provide up to date h-index and i10-index (based on Web of Science) |
|  | List of 10 most cited papers and corresponding citation index |
|  | Publications during the last 5 years may be listed separately |
|  | Number of Papers presented in Conferences/Seminars/Workshops |
|  | No of Theses Supervised (Ph.D, M E/M. Tech)\* |
|  | Projects/Consultancies executed listing value, uniqueness, novelty, innovative ideas, technologies transferred etc, in the last five years to be provided\* |
|  | List R&D projects, guidance/supervision of Doctoral &Master’s theses in last 5 years with titles, types of projects executed, consultancies carried out detailing the grand challenges, direct & indirect impact, etc. of the solution provided in each case (in brief)\* |
|  | No. of Patents filed including information on IPs generated in the last 10 years\* |
|  | Area of Proposed Work |
|  | Brief Statement of Purpose of the proposed work – to include details of Courses to be taught and R&D programs to be undertaken - in about 300 words. (Please enclose as Annexure II) |

Date: Signature of the INAE Fellow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

\*Please provide information as applicable

**CERTIFICATE OF SUPPORT**

|  |
| --- |
| 1. Name and Address of Host Institution |
| 1. Name and Address of the Applicant |
| 1. Proposed Area of work and Department of Affiliation |
| 1. Details of Concerned Authority in whose favor 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 Distinguished Professor/Technologist, he/she will be invited to work in this institution in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as per his/her Statement of purpose during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the Head of the Institution and Seal)

Date