

**INDIAN NATIONAL ACADEMY OF ENGINEERING
INAE CHAIR PROFESSORSHIP
PROFORMA FOR APPLICATION**

1. Name of Applicant
2. Current Designation and Affiliation

3. Address
- (a) Official Address

- (b) Residential Address

Telephone
Fax
E-Mail

Telephone
Fax
E-mail

4. Date of Birth
5. Field(s) of specialization
6. Academic Record

Degree	Institute/University	Field	Year	CGPA/Division
Ph.D				
Master's				
Bachelor's				

7. Experience (Industry/Research & Development / Academic / Consultancy/Other)
8. Post-Doctoral experience (if any)
9. Awards Received
10. Fellowships/ Memberships of Academies/ Professional Societies
11. Publications*
 - i. No. of Publications in Refereed Journals
 - ii. Please provide up to date h-index and i10-index (based on Web of Science)

- iii. List of ten most cited papers and corresponding citations index
- iv. No. of Papers published in Conference Proceedings
- v. 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
2. Name and Address of Institution where Applicant is serving
3. Proposed Area of work and Department of Affiliation
4. 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.

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

Date