

**INDIAN NATIONAL ACADEMY OF ENGINEERING
INAE DISTINGUISHED PROFESSORS/TECHNOLOGISTS
PROFORMA FOR APPLICATION**

1. Name of the Applicant

2. Address

Telephone No

Fax

E-Mail

3. Designation at the time of superannuation

4. Date of Birth

5. Name and Address of the institution from where superannuated

6. Date of superannuation

7. Name and Address of the institution(s) where the applicant intends to work

8. Field(s) of Specialization

9. Academic Record

| Degree | Institution | Discipline | Year | CGPA/Division |
|------------|-------------|------------|------|---------------|
| Ph.D | | | | |
| Master's | | | | |
| Bachelor's | | | | |

10. Post Doctoral experience, if any

11. Experience (Industry/Research & Development/Academic/Consultancy/Other)

12. Awards Received

13. Fellowship/Membership of Academies/Professional Societies

14. Publications*

- i. List of Major Publications in Refereed Journals, Books authored, Conference Proceedings (Please enclose as Annexure I)

- ii. No. of Publications in Refereed Journals
- iii. Please provide up to date h-index and i10-index (based on Web of Science)
- iv. List of 10 most cited papers and corresponding citation index
- v. Publications during the last 5 years may be listed separately

15. Number of Papers presented in Conferences/Seminars/Workshops
16. No of Theses Supervised (Ph. D, M E/M. Tech) *
17. Projects/Consultancies executed listing value, uniqueness, novelty, innovative ideas, technologies transferred etc, in the last five years to be provided*
18. 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) *
19. No. of Patents filed including information on IPs generated in the last 10 years*
20. Area of Proposed Work
21. 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

2. Name and Address of the Applicant

3. Proposed Area of work and Department of Affiliation

4. 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