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| 㸠â | GJ;FZL S'lQF I]lGJl;"8L  V[~ RFZ Z:TF4GJ;FZLv #)& $5\_ |

OMG G\P\_Z&#\* v Z(#!&\_ V[S;P !!!$

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;\XMWG lGIFDS VG[ VG]:GFTS lJnFXFBFwI1F O[S; G\P \_Z&#\*v Z(#$5Z

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VFYL ;\AWSTF" ;J"[G[ H6FJJFG]\ S[4 GJ;FZL S'lQF I]lGJl;"8LGL **૨૯**DL lJnF 5lZQFNGL A[9SGF D]N'F G\AZ **૨૯.૨૧**YL GLR[ D]HA YI[, 9ZFJGM VD, TFtSF,LS V;ZYL SZJFGM ZC[X[P

**“Resolved to approve the draft of proforma for forwarding the application for award through respective University authority (award related to Education: Registrar, Research: Director of Research and Extension: Director of Extension Education).”**

**Encl: As above**

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| HFPG\PGS'I]q;\lGq8L-**૩** q**૭૧૯૨**q**૨૦૧૪**  TFP**૧૨/૦૮/૨૦૧૪** | **;\XMWG lGIFDS VG[**  **VG]:GFTS lJnFXFBFwI1F** |

**GS, ;lJGI ZJFGF o**

!P lJWF 5ZLQFNGF TDFD ;eIzLVM TZOP

ZP I]lGJl;"8LGF TDFD VlWSFZLzLVM TZOP

#P TDFD VFRFI"zLVM TZO

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**GS, ZJFGF o**

!P S],;lRJzLGF ZC:I ;lRJzL4 GJ;FZL S'lQF I]lGJl;"8L4 GJ;FZLP

ZP ;\XMWG lGIFDSzLGF ZC:I ;lRJzL4 GJ;FZL S'lQF I]lGJl;"8L4 GJ;FZLP

**Proforma of application to be forwarded for the award (Approved in 29th Meeting of Academic Council vide Item No. 29.21)**

**Proforma**

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| --- | --- | --- | --- | --- |
| **SN** | **Particular** | | **Details** | |
| 1. | Name of applicant | |  | |
| 2. | Department/ Research Station/KVK/Unit | |  | |
| 3. | Name of award applied for | |  | |
| 4. | Address of authority to whom the  application has to be forwarded | |  | |
| 5. | Category of Award  Education/Research/Extension | |  | |
| 6. | Basis of award (PG /Department/  Project/Schemes research ) | |  | |
| 7. | Type of contribution of associated  authors/investigator with signature | | a.  b.  c.  d. | |
| 8. | Whether consent from concerned  Student/Scientist/ Principal  Investigator obtained? (Yes / No) | |  | |
| 9. | Recommendation of Head of Department  /Principal Investigator /Research Scientist  /Unit Head | |  | |
| The aforesaid details are correct to the best of my knowledge and for any untoward issue related  to this award in future, I shall be responsible. | | | | |
| Date:  Place: | | **(Signature of Applicant )** | | |
| The above entries have been scrutinized and found correct to the best of my knowledge. | | | | |
| Date: | | | **(Signature of HoD)** | |
| Date: | | | **(Signature of Unit Head)** | |
| **Recommendation of** | | | | |
| Dean  Date: | | Registrar  Date: | Director of research  Date: | Director of Extension  Education  Date: |