**Dr. Sarvepalli Radhakrishnan Best Teacher Award - 2023**

**Application Form for Dr. Sarvepalli Radhakrishnan Best Teacher Award**

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| **Paste your photo** | **Name** | |  | |
| **Gender** | |  | |
| **Aadhaar Number** | |  | |
| **Designation** | |  | |
| **Department** | |  | |
| **Institution/Organization with Full Address** | |  | |
| **Qualification** | |  | |
| **DOB** | |  | |
| **DOJ** | |  | |
| **Experience** | |  | |
| **Mobile Number** | |  | |
| **Email** | |  | |
| **Full Indian Postal Address to send the Award and certificates** | |  | |
|  | | | | |
| **Experience Certificate / College ID Card** |  | **Copy of students feedback statistics of previous semester** | |  |
| **Result analysis of previous semester (any one subject you handled)** |  | **Profile** | |  |
| **Justification for award(includes methods of teaching, interaction with students, organizing**  **technical events for the students, projects, publications done along with your students)** |  | **Details of projects done along with your students** | |  |
| **No. of Research Project On-going** |  | **Citation index for the last five years** | |  |
| **No. of Research Project Completed** |  | **No. of Books Published** | |  |
| **Total cost of the Research Project in USD/INR** |  | **No. of Patent** | |  |
| **No. of Journals Published** |  | **Name of Awards Received** | |  |
| **No. of Conference Publication/Presentation** |  | **No. of Research scholar** | |  |
| **Cumulative impact factor of the last five years** |  | **No. Invited Speaker/ Resource person** | |  |
| **h-index from Scopus for the Assessment period** |  | **No. of Research Conference/workshop Organized** | |  |
| **No. of Consultancy Projects** |  | **No. of Funded Programmes Organized** | |  |
| **Member of Professional Bodies:** |  | | | |
| **Google scholar link** |  | | | |
| **Scopus link** |  | | | |
| **Linkedin link** |  | | | |
| **Researchgate link** |  | | | |
| **Personal website link** |  | | | |
| **Areas of Research** |  | | | |
| **Award Category** | **Dr. Sarvepalli Radhakrishnan Best Teacher Award** | | | |
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**Self Declaration**

I authenticate that to the best of my knowledge, the information given in this form is correct and complete. At any time I am found to have concealed any material information, my application shall be liable to be summarily terminated without notice. I have read the terms and conditions and other policies of the SOLETE , **Dr. Sarvepalli Radhakrishnan Best Teacher Award** **2023** and agree to stand the same. I agree to SOLETE – **Dr. Sarvepalli Radhakrishnan Best Teacher Award** to process the data submitted in this application form, or any other data that the Foundation may obtain from me for any purposes connected with SOLETE – **Dr. Sarvepalli Radhakrishnan Best Teacher Award** for any other legitimate reason.

**The filled applications along with duly completed curriculum vitae, Passport size photograph, Scan copy of the degree Certificate, Scan copy of the Working ID and related documents should be sent via email to: info@solete.in**

**Date : Place : Scanned Signature of Applicant**

**Office Use only**

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| --- | --- | --- |
| **Decision** | **Reason** | **Signature of authorities** |
| **Selected/Rejected** |  |  |