**FORMAT FOR ANNUAL PROGRESS REPORT (APR) OF THE RESEARCH WORK DONE DURING THE ICMR-EMERITUS SCIENTISTS TENURE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Full Name of the Emeritus Scientist** | | | |  |  |  |  |  |  |  |  |
| **2. Reference File no. Number** |  |  |  |  |  |  |  |  |  |  |  |
| **3. Name of the Host Institute with complete address** | | | | | | | | | |  |  |
| **4. Duration of work done:** | | | | |  |  |  |  |  |  |  |
| **5. Title of Research work:** | | |  |  |  |  |  |  |  |  |  |
| **6. Original aims and objectives of the project (Please indicate the variations, if any during the progress of the project.)** | | | | | | | | | | |  |
|  |
| **7. Report of the work done since its inception with particular emphasis on the following: (Please submit the report on a separate sheet)** | | | | | | | | | | | |
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| 1. **Aims and objectives** | | | | | | | | | |  |  |
| **b) Material and methods** | | | | | | | | | |  |  |
| **c) Observations** | | | | | | | | | |  |  |
| **d) Conclusions and major results achieved** | | | | | | | | | |  |  |
| **e) Scientific relevance and impact of the results on Scientific potential** | | | | | | | | | | |  |
| **of the country** |  |  |  |  |  |  |  |  |  |  |  |
| **f) Relevance of the work to ICMR?** | | | | | | | | | | |  |
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|  |
| **8. Research work for next year** | | | | |  |  |  |  | | | |
| **a) Work remains to be completed to bring to project to a logical conclusion** | | | | | | | | | | |  |
|  |
| **b) Programme of work that will be undertaken during the next year.** | | | | | | | | | | |  |
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| **9. A brief note highlighting the results achieved by research project for documentation, since its inception.** | | | | | | | | | | |  |
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|  |
| **10. List of research publications and papers based on work done on the project during the tenure (copies to be enclosed):** | | | | | | | | | | |  |
|  |
| **11. List of seminars/symposia/Conference/Workshop attended in connection with the research work of the project:** | | | | | | | | | | |  |
|  |
| **12. Any other relevant information/remarks** | | | | | |  |  |  |  |  |  |
| **Place:** | | | | | | | | | | | |
| **Dated:** | | | | | | | | | | | |

The information furnished above (as well as in the annexure) by myself is correct.

**Date & Signature of Emeritus Scientist**

**CONTINUATION CERTIFICATE**

This is to certificate that Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been continuously working in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_ for his/her research work conduct as an ICMR Emeritus Scientist and the work is satisfactory/good/excellent/poor and need/need not to be continued for next year.

**Name & Signature Competent Authority of the Host Institute**

**Seal bearing Designation & Address**