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**PROFORMA OF APPLICATION FOR ICMR EMERITUS SCIENTIST PROGRAM**

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|  | **Full Name, with last designation :** |
|  | **Academic Qualifications :** |
|  | **Date of Birth (DD/MM/YYYY) :****Age (as on last date of application):** |
|  | **Post from which retired:****Last salary drawn and scale of pay:****Last drawn pension details:** |
|  | **Date of retirement:**  |
|  | **Details of employment till date of retirement:**  |
|  | **Details of prizes or awards or bio-medical research, if any received.** **Details of National Academy Memberships , if any** |
|  | **H-index overall:****H-index past 5 years:** |
|  | **Proposed research work to be carried out as an ICMR Emeritus Scientist (should be as per ICMR mandate and applicant should also mention that how will the research benefit ICMR): may attach separate sheet** |
|  | **Describe (as per format below) key projects that applicant is PI/Co-PI currently**1. **Title of projects**
2. **Funding agency and grant amount**
3. **Role of applicant**
4. **Objectives**
5. **Deliverables at end of project**
6. **Status of project implementation**
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|  | **Any other research the applicant proposes to be continued to be engaged in and additional research, if resources for such work are available.****(Please attach letter from the PI)** |
|  | **Copies of important reprints, on the subject on which research is proposed to be continued. Attach only maximum five reprints.** |
|  | **Period within which the proposed research is expected to be completed:** |
|  | **Name of the Institute where the work will be carried out and whether Institute concerned will be prepared to provide necessary physical facilities and equipment for the work. (Please attach letter of support from Head of the host institute)** |
|  | **Any other information with reference to the plan of work of any other important achievements.**  |
|  | **Particulars of any other Assignment or job likely to be held during the tenure.**  |
|  | **Number of Publications/Patents/Guidelines/Policies etc.**1. **List of publications with impact factor**
2. **List of Patents**
3. **Policies/Guidelines/SOPs developed**
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|  | **Undertaking that the applicant would be willing to work as assigned by ICMR to facilitate and support research-proposal development, protocol development, analysis, workshops etc. without expecting to be author/investigators on projects supported.** |
|  | **Address for communication with PIN code and with Mobile Number & Email ID** |
| **DECLARATION****I hereby declare that the all information and enclosures furnished by myself in the application form are true to the best of my knowledge and if any of these is found incorrect or incomplete then my candidature is liable to be disqualified by the ICMR.****Place:** **Date: Signature of applicant**  |

**Forwarded by the competent authority of the host institute (with seal and signature)**