



## **SOCIETY FOR REPRODUCTIVE BIOLOGY AND COMPARATIVE ENDOCRINOLOGY (Regd.)**

**Secretariat:** Department of Endocrinology, Dr. ALM PG Institute of Basic Medical Sciences,  
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### **Proforma for Nomination of Prof. M.A. Akbarsha & Prof.M. Michael Aruldas GOLD MEDAL ORATION for YOUNG SCIENTISTS**

- 1) Name of the Nominee :
  
- 2) Sex :
  
- 3) Address Official : Phone :  
E mail :
  
- Residence : Phone :
  
- 4) Date of Birth :
  
- 5) Official position held/ holding :
  
- 6) Academic credentials from Graduation onwards :
  
  
- 7) Date of Enrolment as Life member (LM) of SRBCE with LM number :
  
- 8) Brief Details of your contribution to SRBCE activities including
  - i. Conferences attended/ organized during the preceding 5 years
  
  
  - ii. Details of research papers published in the Journal of Endocrinology and Reproduction (JER) during the preceding five years

10) Details of Research Publications :

- i. Total Number of papers published in peer reviewed journals :
- ii. List of **Top FIVE Research publications** with impact factor, H-index; Citation index (exclude self- citation )(Attach separate sheet if necessary; Include reprints/PDF of **Top THREE research publications** )



9) Significant research contributions/Achievements in **500 words** :

11. Details of Research Grants/Research supervision (Ph. D) :

12. Details of Awards /Fellowships received:

## 13. Details of proposer

Name and Address:

Life membership number:

Year of FRE awarded:

Details of SRBCE meeting attended/organized during last five years:

14. Executive report of **the Nominator** , justifying his/her nomination in

**100 words :**

Signature of the proposer:

## 15. Declaration by the Nominee :

I, Dr./Mr./Ms./.....,  
Life member of SRBCE hereby declare that the all the information provided by me in this nomination form are the outcome of my original research work , either individually or as a team member. I have attached the no objection letter from each author of the top five papers included in the nomination. I assure that the information provided in the nomination forms are true and I vouch for the same.

Signature of the Nominee

Place :

Date :

Place :

Date :

FOR OFFICE USE