

Form – A

NOMINATION FORM for _____

To,
The Secretary - APTI,
Secretariat/Communication Address:
G4, Jasmine Block, Esteem Park, JP Nagar 5th Phase,
Rose Garden Road, Bangalore -560 078
M: +91 9945846106 / 9844399409

I, the undersigned, have great pleasure to nominate _____ for:

_____ to be conferred under the auspices of APTI. The nominee is a life member of APTI, an Indian National and is not related to me by blood, marriage or adoption.

Date

Yours Sincerely,

Place

Signature of the Nominator

Nominated by :

Name: _____ APTI membership No. : _____

Full address with designation : _____

Tel./ Mobile No. Fax: Res.: _____ Off.: _____

M _____ E-mail: _____

(The nomination has to be seconded by two APTI life members) We second the nomination.

Signature of 1st seconder: _____ Date: _____ Name: _____ APTI Membership No.: _____ Address with Telephone No. _____ R _____ O _____ M _____	Signature of 2nd seconder: _____ Date: _____ Name: _____ APTI Membership No.: _____ Address with Telephone No. _____ R _____ O _____ M _____
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CONSENT OF THE NOMINEE

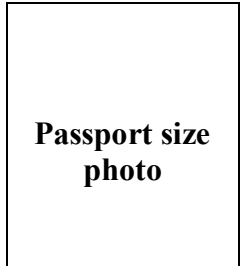
Signature of Nominee

I give my consent for the above nomination.

Form – B

ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA (APTI)

APPLICATION FOR APTI AWARDS



*APTI Membership No. : _____ * APTI Member Since : _____

*Name of Award for which applied: _____

Details of APTI Award received earlier (If any)

Name: _____ Year: _____

1.General Information

a) Name : _____

b) Address

Residential : _____

Contact Number : Ph. No _____ Mob. No. _____

Email _____

c) College/Organization : _____

Address : _____

d) Designation : _____ e) Department : _____

f) Date of Birth : _____

* Date & Appointment _____ * Retirement Date/Due on : _____

2. Academic Qualifications:

Examination	Year of Passing	Name of Board/ University	Division	% of Marks obtained	Subjects offered (Specialization, if any)

3. Teaching Experience pertaining to the period.

Name of Institution/College	Total Experience (In years and months)	Post		Period
		From	To	

Date & Reference no. of the letter from the University approving the Appointment as Teacher.: _____

4. Industrial Experience pertaining to the period (if applicable)

Name of Industry	Total Experience (In years and months)	Post		Period
		From	To	

5. Service as a Principal (If Applicable)

Name of Institution/College	Total Experience (In years and months)	Post		Period
		From	To	

6. Participation in APTI Convention

Sr. No.	Year	Venue of Convention	Participation as Delegate/Speaker/Chairman

7. Give details regarding Research papers published in peer reviewed Journals

7a. List 10 best research papers according to you considering Number of citation and / or significance in contribution to Knowledge / R & D / Industry / Society

Sr. No.	Name of the Journal	Volume & Page No.	Publication year	No. of Citation	Impact Factor in 2017	National/ International	Your position as Main author/ Corresponding author/any other	Remarks And Self Ranking

7b. Software used for Calculation of

h – Index: _____

g - Index: _____

7c

Sr. No.	Name of the Journal	Editor/ Editorial Board / Member	Publisher	Year of Publication	No. of Citation

8. Give details Book published with ISSN/ISBN.

Sr. No.	Name of the Book	Other Author's	Edition No.	Publisher	Year of Publication	ISSN/ISBN No.

9. Presentation of research paper/Citation in various Seminars, Conferences, Symposia, Workshops etc. and its Publication in conference proceedings, edited volumes etc.

A. In India

Total No.

Sr. No.	Name of the Conference with Date	Conference Attended International / National/ / State	Title of paper	Role: Speaker/ Chairperson

B. In other Countries

Sr. No.	Name of the Conference with date	Country	Title of the paper	Your Role	Remarks

10. Research Project (Major/Minor) carried out, top 5

A. As Principal investigator

Sr. No.	Major/Minor	Title of the project	Name of the funding Agency	Amount Sanctioned	Ongoing / Completed

B. As Co-investigator

Sr. No.	Major/Minor	Title of the project	Name of the funding Agency	Amount Sanctioned	Ongoing / Completed

11. Details regarding Patents/Copyrights if any.

Sr. No.	Details of Patents/Copyright	Year of Award	Agency / Body

12. Number of M. Pharm student guided

Total No. of Students _____

Enclose List

13.

13 a. Are you a recognized Ph. D. Supervisor/guide by the university where you are presently working Yes / No (Mention date and reference letter from the Universities)

I. Central /State University _____

ii. Deemed University _____

iii. Private University _____

iv. Any other _____

13 b. Number of students working with you as M.Pharm at present?

Name of the Student	Topic of the Research	Date of Registration

13 c. Number of students awarded Ph.D. under your Co-guidance.

Name of the Student	Topic of the Research	Date of Registration

13 d. Number of students working with you at present?

I. M. Pharm _____

ii. Ph.D _____

14. Honor/Award/Prize received (with year and details of award) (List separately as National / International / Regional

15. Community Service Rendered (Presiding five years)

Sr. No.	Title of Community Service Programme	Participated as	Year

Note: Attended certificate should be enclosed

16. Teaching and Research Innovations/ Reforms introduced :

17. Professional contributions to development of Pharmacy education+ Pharmacy Profession in the country, Hospital Pharmacy, Community Pharmacy (Brief description of major contributions)

18. Achievements / Developments in the college/Institution during the tenure as Principal (Give details)

19. Contribution as Principal to the development of Pharmacy education / Profession in the country (Give details)

20. Details of Seminars/ Conferences, Symposia, Workshops etc. organized by you as Chairman/ Organising Secretary.

	State/ National/ International	Title	Duration	No. of Participants			Total Expenditure
				State	National	International	
Conferences							
Symposia							
Seminar							
Seminar/Workshops							

21. Development of collaborative research projects with industry or professional organizations or Universities or Government bodies (with a grant of above Rs. 1 lakh only)

Sr. No.	Title of Project	Collaborative Partner	Project cost Rs.	Contribution of collaborative partner	Ongoing/ Completed (Start and completion date)

22. Research leading to commercial out put

Sr. No.	Project Title	Commercial output	Project Period

23. Details of consultancy services provided

Sr. No.	Activity	State/Branch/International	Year

24. Revenue generation projects for College by the Principal

Sr. No.	Project	Revenue Generated in Rs.	Year

25. Deidcated Service Related to Women Welfare and Community Services for APTI Women of the year

26. Contribution to APTI (Give Details) :

27. Details of Court cases/ departmental enquiry against applicant if any :

28. Any other information the applicant would like to furnish:

Annexure - 1

(For Principal of the Year Award)

1. Infrastructure

A. Grant received for infrastructure / Equipment in last 5 years as Principal of the Institution:

Year	Funding Agency	Grant for	Amount

B. Additional / Renovations of infrastructure to the institution during the tenure as principal

Year	Infrastructure Developed	Amount

2. Grant received for conduct of seminars / workshop/ FIP as principal

Year	Funding Agency	Grant of Title	Amount

3. Introduction of New PG / Ph . D Courses in the institution as Principal

Year	Name of the Course	Affiliating University	Appex Body Approval

4. Accreditation

A. Accreditation of the institution for the first time

Year	Course	No. of the year of accreditation/ rating	Name of the body accreditation

C. Renewal of accreditation

Year	Course	No. of the year of accreditation/ rating	Name of the body accreditation

4. MOU signed with any other institution in India / Abroad / Industry in the last 5 years

Year	MOU Signed with	Purpose of MOU	Action Taken

Two recent annual reports has to be submitted as evidence

5. Development of innovative system for improving the administration / academic quality of institution (Brief review of such system)

Format For APTI State Branch Award

1. Name of the State _____

2. Name of the Office Bearers:

President _____

Vice-Presidents 1) _____

2) _____

Secretary _____

E.C. Members _____

3. Address of the State Head Quarters:

4. a. Contact Nos.

I. President: _____

ii. Secretary: _____

b. Email

I. President: _____

ii. Secretary: _____

5. a. Seminars conducted on state APTI Platform

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of Panel discussions: _____

Any other Programme: _____

Amount Granted by APTI State Branch: _____

b. Seminars conducted in Association with any College/University/Institution

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of Panel discussions: _____

Any other Programme: _____

Amount Granted by APTI State Branch to College: _____

6. a. Workshops conducted on state APTI Platform

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of hands on training Session: _____

Any other Programme: _____

b. Workshops conducted in association with any College/University/Institution

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of hands on training Session: _____

Any other Programme: _____

Amount Granted by APTI State Branch: _____

7. a. Conventions/Conferences conducted on State APTI Platform

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of Panel Discussion: _____

Any other Programme: _____

b. Conventions/Conferences conducted in association with any College/university/institution:

Number of delegates attended: _____

Theme: _____

Number of Lectures: _____ No. of Panel Discussion: _____

Any other Programme: _____

Amount Granted by APTI State Branch: _____

8. a. No. of Training of trainers (TOT) conducted on APTI Platform

Number of delegates attended: _____

Subject: _____

Number of Lectures: _____ No. of hands on training Session: _____

Any other Programme: _____

b. No. of Training of trainers (TOT) conducted in association with any College /university/ institution:

Number of delegates attended: _____

Subject: _____

Number of Lectures: _____ No. of hands on training Session: _____

Any other Programme: _____

Amount Granted by APTI State Branch: _____

9. Representations made to Government/Apex bodies regarding issues related to the teacher and profession of Pharmacy

10. Scholarships to students or teachers for higher education:

No. of Students: _____

Amount granted to each student: _____

Names of the students: _____

No. of Teachers: _____

Amount granted to each teacher: _____

Names of the teachers: _____

11. No. of Travel grants given to teachers by State Branch to attend national/ international conventions

Name of the teacher: _____

Institution: _____

Amount granted: _____

12. No. of Award / oration instituted by APTI - State Branch and their Names

13. No. Awards / Oration sponsored for affiliated College

14. No. Sponsorships Collected for

a) State conventions/seminars/workshops _____

Amount collected _____

b) National conventions/seminars/workshops _____

Amount collected _____

15. No. of new members admitted through state branches for the year (April to March 2015 -16):

16. No. of publications of books/bulletins/journals published by State branch and their Names

17. Wether State Branch Accounts Audited Yes/ No _____ (If yes Please enclose the certified Report, if no give reasons)

Note:

- I. Documentary evidences pertaining to the programs/seminars/ conventions and any other claims have to be enclosed.
- ii. Lists of sponsorships collected/memberships made/scholarships or grants sanctioned has to be enclosed
- ii. Any programe/conventions/seminars/workshops conducted only under the banner of APTI or as co-sponsor or as co-organizer will be considered for the award.

Declaration

I declare the above facts are true to best of my knowledge.

Date: _____

Place: _____

Signature of the Applicant. _____

Note:-

- I) Attach a separate sheet if required in Column as an annexure.
- ii) Attach photo copies of relevant documents wherever necessary.

Recommendation of the Head of Institute/Organization

The information provided and claims made by

Dr./Mr./Mrs./Miss. _____

are verified by me & found correct.

I recommend Dr./Mr./Mrs./Miss. _____

an employee of this College/organization _____

for the _____ award

Place: _____

Date: _____

Signature with Seal