

**Nomination Form for DISTINGUISHED ALUMNUS/ALUMNA AWARD**

**INDIAN INSTITUTE OF TECHNOLOGY (BHU), Varanasi**

(Last date for receipt: 5<sup>th</sup> August 2024)

Tick the appropriate category (Any One):

<b>Profession</b>	
<b>Academics</b>	
<b>Research and Innovation</b>	
<b>Industry/Entrepreneurship</b>	
<b>Public Life</b>	
<b>Distinguished Services to the Institute</b>	
<b>Young Alumnus Achievers Award (below 45 years age)</b>	

1. Name of the Nominee: \_\_\_\_\_

2. Date of Birth : \_\_\_\_\_

3. Mobile No.: \_\_\_\_\_ 4. Email: \_\_\_\_\_

4. Present Position and Official address: \_\_\_\_\_

\_\_\_\_\_

6. Positions held (in chronological order): \_\_\_\_\_

\_\_\_\_\_

7. Professional Area: \_\_\_\_\_

\_\_\_\_\_

8. Academic Qualifications (Bachelor's Degree Onwards):

\_\_\_\_\_

\_\_\_\_\_

9. (a) Significant Contributions by the nominee during his/her career in the subject area of the award in about 1000 words (Please attach separate sheets). The list of significant papers/articles/brochures and any other relevant material in the area shall be enclosed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Summarize the most significant work (maximum of 10) of the nominee on which the recommendation is based in about 100 words. Attach the copy of relevant documents.

\_\_\_\_\_

\_\_\_\_\_

(c ) Impact of the contributions in the respective field:

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10. Recognitions/Awards received, if any, on the work of nominee:

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11. The Name, Address, email and mobile no. of two referees:

Referee 1

Referee 2

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email:\_\_\_\_\_

Email:\_\_\_\_\_

Mobile No.\_\_\_\_\_

Mobile No.\_\_\_\_\_

12. Any additional information of relevance:

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Note: Either one of the following two columns has to be filled. Left column is for self nomination while right one is for nomination by the Head of the organization or an eminent person of the repute.

(for self nomination)

(for nomination by Head of organization  
or an eminent person of repute)

Applicant's Signature\_\_\_\_\_

Applicant's Signature\_\_\_\_\_

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Designation:\_\_\_\_\_

Designation:\_\_\_\_\_

Organization:\_\_\_\_\_

Organization:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place:

Place:

Date:

Date: