

**ENDOCRINE SOCIETY OF INDIA**

**APPLICATION FORM FOR AR SHETH AWARD (XXXX) YEAR**

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

2. Present Designation, Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Membership Number of the ESI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Title of the Paper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Category: CLINICAL / BASIC

8. Brief biodata of the Applicant: \_\_\_\_\_\_\_(Attach separately)\_\_\_\_\_\_\_

9. Certificate from the HOD: \_\_\_\_(Attach separately)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Proof of Date of Birth: \_\_\_(Attach separately)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above-mentioned details are true to the best of my knowledge and belief.

Place:

Date: (Signature of the Applicant)