**Young Scientist Award- ICCMDP 2023**

**Eligibility:**

* The upper age limit of the candidate applying for the Young Scientist Award is 35 years as on 27th September, 2023.
* The candidate must have defended his/her Ph.D. thesis on or after 1st January, 2021.

**Application process:**

The candidates must fill the application form and get it endorsed by the Thesis supervisor/ Head of the Department.

* The filled application form complete in all respects should be scanned, merged into a single file and emailed to [iccmdp2023@gmail.com](mailto:iccmdp2023@gmail.com). The subject of the email should be “***Application for Young Scientist Award***”
* Incomplete applications will be rejected.

Mere fulfillment of the eligibility criteria does not guarantee selection. The decision of the conference chair will be final. Only one young scientist will be awarded.

**Application form for Young Scientist Award**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Name of Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Month & Year of Ph.D. defense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Abstract ID (same as Submission ID in Microsoft CMT) for paper submitted in ICCMDP 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Abstract Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Academic Score(s):

|  |  |  |
| --- | --- | --- |
| **Degree** | **Result (%/CGPA/SGPA)** | **Year of Passing** |
| Undergraduate |  |  |
| Postgraduate |  |  |

9. Attach list of Publication(s):

10. Orcid ID:

**Declaration**: I declare that the above mentioned information is true to the best of my knowledge.

Signature: Date:

Place:

**Endorsed by:**

Name:

Designation:

Email:

Signature along with seal: