

**APPLICATION FORM FOR ISCA BEST POSTER AWARD**

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Institution where work was carried	
Email ID	
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Have you applied for ISCA Best Poster award earlier	<input type="radio"/> Yes <input type="radio"/> No If yes year/years of application
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Have you received any other awards? If so mention	
Have you become a member of ISCA before July 15 <sup>th</sup> of the current year?  Tick one of the three	<input type="radio"/> Life member <input type="radio"/> Annual member <input type="radio"/> Student Member
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\*Enclose photocopy of membership card or copy of the receipt issued by ISCA if already a member

Check List:

1. Four copies of Abstract ( Not exceeding 100 words )
2. Four copies of full length paper
3. Four copies of Application form
4. Four copies Brief bio-data not exceeding 2 pages
5. Sl. Nos 1 to 4 in a CD

All correspondences should be made to: The General Secretary (Membership Affairs), The Indian Science Congress Association, 14, Dr. Bireswari Guha St., Kolkata-700017. Tel. Nos. (033) 2287-4530/2281-5323, Fax No.91-33-2287-2551, E-mail:iscacal@vsnl.net,

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CERTIFICATION

I hereby certify that the paper presented is the result of original work carried by me and that the same has not been published or presented in any other conference. I hereby certify that the same paper has not been submitted for any other award. I also declare that I have not submitted the same or any other paper for ISCA Best Poster Award in any other section. All the information provided by me are true and I understand that I will be liable for disciplinary action if any of the details provided are found to be not true.

Signature of the Applicant

I hereby certify that the paper entitled

.....

..... submitted for ISCA Best Poster Award by

..... is the outcome of the work

carried by himself/herself and that the work was carried in this institution.

Signature and seal of the Head of the Institution