THE INDIAN BOTANICAL SOCIETY

Nomination Form for election to the Fellowship of the Society
(All entries in the form should be typed)

Note: No Hard Copies are to be sent.
1. Please download this form fill, scan and email.

The completed nomination form should reach the office of the Secretary
(secretaryibs2017@gmail.com), Indian Botanical Society, Department of Botany,
University of Lucknow, Lucknow 226007 by 31st August for consideration in the given year.

Eligibility Criteria and limitations

(i) High academic qualifications (e.g. Ph.D. or equivalent) / or state of knowledge
contribution, in any discipline of Science and Technology relating to botanical
sciences.

(ii) Life Member of at least Five years of standing as a Member of the Indian Botanical
Society as on 31st December of the year.

(iii) Research publications of high quality, and /or evidence of exceptional ability as a
teacher or involvement in Science Promotion / Popularization Programs relating to
botanical sciences.

(iv) Nomination should be proposed either by a Fellow of the Indian Botanical Society /
or Head of the Institution where nominee has been working, certifying the information
contained in the nomination proposal.

(v) Nominations received shall be screened at the end of the Secretary, and the election
of the Fellows shall be done by circulating the valid nominations between President,
Secretary, Chief Editor.

(vi) Not more than 20 Fellowships shall be awarded in a Calendar year

(vii) No column should be left blank; if not applicable then write NA
1. Name of the nominee in full: ____________________________
   Surname ____________________________ Forename(s) 

2. Designation and:
   Name of the Institution 

3. (a) Date of Birth: 
   (b) Gender: Male / Female 

4. Nationality: 

5. Date and Year of Enrolment as Annual / Life Member of the Society:
   (provide receipt no. if available) 

6. Address
   Official
   ____________________________
   ____________________________
   ____________________________

   Residential
   ____________________________
   ____________________________
   ____________________________

   Tel.No………………………………………………………………………………

   Email………………………………………………………………………………

7. Educational Qualifications (graduation onward):
   Degree/Diploma University/Institution Year
   ____________________________
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8. Mention the Fellowship of the Academies / Membership of the Learned Societies, possessed, if any.
9. Significant research / professional contributions (Not exceeding 100 words). This should include field of professional activity and teaching and research experience including research guidance, notable research contributions, and involvement in the activities of Indian Botanical Society.

10. List best five publications, in refereed Journals only, including those accepted; and Books, Monographs etc. (Please give names of all the authors, year, title, name of the Journals, volume, page no., DOI no.

11. Association with the Indian Botanical Society: Please describe in few lines your association, e. g. association as a member since (year) and service to the activities of the society, participation in IBS Conferences, organizing host for memorial lectures / annual conference, chairing / judge of academic sessions, member of executive council; service to JIBS as an editor / editorial board member / contributing author and / or reviewer for JIBS / other promotional activities; and any other relevant information not covered above.

It is hereby certified that the information contained above is correct. No disciplinary or criminal proceedings in any court is pending against the nominee or was registered in the past.

Date and Place  
Signature of the nominee

Date and Place  
Name and Signature of the proposer