Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam

BEST FACULTY AWARD – RESEARCH SUPERVISOR (2026)

APPLICATION PROFORMA

1.	NAME	:	
2.	DESIGNATION	:	
3.	Link for Google Scholar profile	:	
4.	Link for Research Gate profile	:	
5.	OFFICE ADDRESS	:	
6.	EMAIL & MOBILE NO.	:	
7.	DATE OF BIRTH	:	
8.	AGE (as on 31.12.2025)	:	
9.	SEX	:	Male Female
10.	Date of Joining in service	:	
11.	Total years of service	:	
12.	Dept. / Centre/ Institute in which working	:	

13. EDUCATIONAL QUALIFICATIONS (After Graduation)

Degree	Year	College / University	% of marks/ CGPA	Subject of Specialization

14. ACADEMIC POSITIONS HELD

	Post	Place/Office	Period		Duration (Y/M/D)
			From	To	

15.	TIMELY COMPLETION OF THESIS during current year (Maximum score: 20.0) - For M.F.Sc./ M.Tech/Others - 3.0 marks/ thesis; For Ph.D.- 5.0 marks/ thesis		
Sl. No.	Name of the students	Date of Thesis Submission	2025
MASTERS DEGREE			
1.			
2.			
Ph.D. DEGREE			
1.			
2.			
Others			

16.	LIST OF RESEARCH PAPERS PUBLISHED ALONG WITH THESIS SUBMISSION during current year (Maximum score: 20.0) For 2nd author/ corresponding author – 2 marks/ paper				
Sl. No.	Name of Authors	Title	Name of Journal	Year, Volume and Page Nos. or DOI Number	2025
1.					
2.					
3.					

17.	LIST OF QUALITY RESEARCH PUBLICATIONS IN WOS/ SCOPUS INDEXED Q1 JOURNALS (SCI) AT THE TIME OF THESIS SUBMISSION during current year (Maximum score: 20.0) For 2nd author/ corresponding author – 2 marks/ paper				
Sl. No.	Name of Authors	Title	Name of Journal	Year, Volume and Page Nos. or DOI Number	2025
1.					
2.					
3.					

Note:

- A faculty member, who is the recipient of this Award earlier, is not eligible to apply for subsequent two years
- Applicants securing scores above 25 are only eligible for consideration of this Award
- Only major supervisors as 2nd author/ corresponding author will be granted marks for research publications.

Declaration

I hereby declare that, all the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately/as and when required by the University. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date: **Name & Signature of the Applicant**

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Self-attested copies of documents received and verified from the Originals.

Signature of the HoD

(with official seal)

Remarks/Recommendation of the Dean/ Director:

Place: **Signature of the Dean/ Director**

Date: (with official seal)