Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam

BEST RESEARCH STUDENT AWARD (2026)

APPLICATION PROFORMA

1.	NAME	:	
2.	DEGREE PROGRAMME (PG/ Ph.D.)	:	
3.	ROLL NUMBER		
4.	DEPARTMENT		
5.	NAME & ADDRESS OF THE COLLEGE/ INSTITUTE	:	
6.	EMAIL & MOBILE NO.	:	
7.	DATE OF BIRTH	:	
8.	AGE (as on 31.12.2025)	:	
9.	SEX	:	Male Female
10.	DATE OF THESIS SUBMISSION	:	
11.	DATE OF COMPLETION OF DEGREE PROGRAMME		
12.	EDUCATIONAL QUALIFICATIONS (After Graduation)		

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

13.	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 major supervisor	Date of Thesis Submission	2025
MASTERS DEGREE			
1.			
2.			
Ph.D. DEGREE			
1.			
2.			

14.	LIST OF RESEARCH PAPERS PUBLISHED ALONG WITH THESIS SUBMISSION during current year (Maximum score: 10.0) For 1st 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.					

15.	LIST OF QUALITY RESEARCH PUBLICATIONS IN WOS/ SCOPUS INDEXED Q1 JOURNALS (SCI) AT THE TIME OF THESIS SUBMISSION during current year (Maximum score: 10.0) For 1st 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:

- Only students who obtained degrees in the year 2025 (01 January – 31 December) are eligible to apply
- Applicants securing scores above 25 are only eligible for consideration of this Award
- Only applicants as 1st 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 Chairman **Signature of the HoD**

(Advisory Committee) (with official seal)

Remarks/Recommendation of the Dean/ Director:

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

Date: (with official seal)