Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam

BEST FACULTY AWARD – RESEARCH PUBLICATIONS (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.	LIST OF QUALITY RESEARCH ARTICLES PUBLISHED IN WoS/ SCOPUS INDEXED Q1 JOURNALS (SCI) during last 3 calendar years (Maximum score: 35.00)					
Sl. No.	Name of Authors	Title	Name of Journal	Year, Volume and Page Nos. or DOI Number	2023-2024	2025
1.						
2.						
3.						
For First Author: 4 marks/ paper For Second/ Corresponding Author: 2 marks/ paper						

16.	CITATIONS during last 3 calendar years – Maximum score: 15.00 (1 mark per 5 citations)		
Sl. No.	2023	2024	2025
1.			

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
- A weightage of 40:60 shall be given for publications for the block of 2 years (2023-2024) and current year (2025), respectively.

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**

For Office Use Only

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)