Tamil Nadu Dr. J. Jayalalithaa Fisheries University, Nagapattinam

BEST FACULTY AWARD – TECHNOLOGIES (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.	NEW TECHNOLOGY DEVELOPED & APPROVED during last 3 calendar years Maximum score : 25.00 (5 marks per technology)						
Sl. No.	Particulars of new technology	Field/other applicability	Year	Title of research project out of which developed	Funding agency	2023-2024	2025
1.							
2.							

16.	TECHNOLOGY TRANSFERRED/ LICENSED TO INDUSTRY during last 3 calendar years Maximum score : 20.00 (10 marks per technology)						
Sl. No.	Particulars of technology transferred/ licensed	Name of the Industry	Year	Title of research project out of which developed	Funding agency	2023-2024	2025
1.							
2.							

17.	ROYALTY/ REVENUE GENERATED during last 3 calendar years Maximum score : 15.00 (Rs. 10 lakh - 5 marks; Rs. 5 lakh to Rs. 10 lakh - 4 marks; Rs. 2 lakh to Rs. 5 lakh - 2 marks)				
Sl. No.	Royalty/ revenue generated (in Rs.)	Source of Revenue / Royalty	Year	2023-2024	2025
1.					
2.					

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 technologies developed & approved for the block of 2 years (2023-2024) and current year (2025), respectively.
- Only 75% of the marks will be granted for output from student research.

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)