



Association for Medical Updates

www.amuindia.org

PART A: AWARD NOMINATION FORM

I would like to propose/nominate (self-nomination is also acceptable)

Name :

Date of Birth : AMU Membership No.....

Designation :

Address:

Email Mobile No:

For AMUCON - 2025 Awards

A). Dr. HAR KISHAN BEDI SENIOR SCIENTIST AWARD ()

B). MID-CAREER SCIENTIST AWARD ()

C). UTKRISHT SEVA SAMMAN AWARD ()

D). DR. NUTAN BEDI MEMORIAL AWARD ()

E). AMU STAR AWARD ()

(✓ whichever is applicable).

Proposer

AMU Membership No.....

Name:

Address:

Email:

Mobile No:

Signature/date:

Notes: 1. The proposer and Nominee for award should be life member of AMU.

2. for free membership visit <http://www.amuindia.org/membershi>

PART B: Biographic Sketch of the Nominee
(Please print or write in capital letters only)



1. Name:
2. Designation:
3. Date of birth:
4. Nationality:
5. Membership no of AMU:
6. Official address (with telephone, fax & email):-----

7. Residential address (with telephone & email):-----

8. Educational qualifications:
9. Professional experience (in chronological order):

10. Papers published/accepted in scientific journals(indexed)
a) As First /Corresponding author
b) As Co-author.....
(Kindly include list of publications with citations)
11. Chapters in books by International/National publishers

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12. Author of book published by International/National publishers

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13. Editor of book published by International/National publishers

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14. Editorial board member of scientific/other journals

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15 Details of Prizes, Medals, Scholarships, fellowships & National/ International Awards etc

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16. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative experience (Up to 200 words)

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(Signature of Nominee

Dated:

(Name and designation)

**Send the duly filled form along with datasheet and all other documents as attachment
to:email: amuindiasecretariat@gmail.com
and cc to : apuragr2@gmail.com**