

# SEEA

(Society of Extension Education, Agra)

## AWARD APPLICATION FORM

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Name of the Award :

Name of applicant :

Designation :

Date of birth :

Sex: M/F

Organization :

Address official :

Photo

Phone:

Fax:

Email:

Are you a member of the SEEA? Yes  No

### Declaration of applicant

I declare that the information furnished above is true to the best of my knowledge. I am and will be responsible for any discrepancy.

Date\_\_\_\_\_

Signature\_\_\_\_\_

### Certificate from head of Institute/Department/College

It is to certify that Dr./Prof./Sh./Smt \_\_\_\_\_ is the employee/  
student of the \_\_\_\_\_. The research  
information furnished in the bio data is true and I wish him/her for success.

Date\_\_\_\_\_

Signature with seal\_\_\_\_\_

### Note:

- The applicant must send the brief bio data highlighting the important research achievements along with this application form.
- The application form, required documentation and abstract must be reached by June 15, 2011. Late and incomplete applications shall not be entertained in any case.