

SEEA

(Society of Extension Education, Agra)

AWARD APPLICATION FORM

Name of the Award :

Name of applicant :

Designation :

Date of birth :

Sex: M/F

Organization :

Address official :

Phone:

Fax:

Email:

Photo

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 November 30, 2016. Late and incomplete applications shall not be entertained in any case.