



SOCIETY FOR ETHNOPHARMACOLOGY
23/3 Saktigarh, Kolkata 700032, India; email: sfeindian@gmail.com
www.ethnopharmacology.in

**ANNUAL AWARDS OF THE
SOCIETY FOR ETHNOPHARMACOLOGY
KOLKATA, INDIA**

Nominations are invited for the SFE Annual Award. This Award will be conferred during the 8th International Congress (SFEC-2021) of the Society for Ethnopharmacology, India at Pune, MH, India during August 27-29, 2021.

General terms for nomination:

- There shall be only one awardee every year/ unless in any exceptional case.
- Three copies of the application in the prescribed form should be submitted to the following address “President, Society for Ethnopharmacology, 23/3 Saktigarh, Jadavpur, Kolkata, India”.
- Soft copy of the nomination should be sent to: sfeindian@gmail.com; sfeindiase@gmail.com . Please mention “NOMINATION FOR AWARD” in the subject of the email.
- The candidate should be nominated by a Regular member/Coordinator of SFE. Nomination may also be made by the Head of the University/Institute or the Managing Director of any Industry.
- Decision of the Panel of jury constituted by SFE shall be final. No further representation will be entertained.
- Selection may not be confined to the nominated members only.

General terms and conditions:

- *Please fill the form using Microsoft word document software.*
- *All the fields are mandatory; Please add additional papers if required.*
- *Hand written and partially filled forms will be rejected.*
- *This form along with the cover letter from nominator, critical assessment report of the nominator on the contributions of the nominee should reach to President, Society for Ethnopharmacology, 23/3 Saktigarh, Jadavpur, Kolkata 700032, India*
- *If any information is found incorrect at a later date the award would be returned to SFE.*

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A. PROFORMA FOR NOMINATION OF THE AWARD

NOMINATION FORM

1. Name of the Award (in bold block letters):
 2. Name of the Nominator, affiliation and full contact details:
(with email and phone/mobile number)
 3. Name of the nominee (in block letters):
 4. Address:
(i) Institute address with Phone, Fax and Email
(ii) Residential address with Phone, Fax and Email
 5. Date of birth (DD/MM/YY), Sex (Male/ Female) and Age (Years And Months):
 6. Membership number of the SFE, Kolkata, India:
 7. Date of joining the Institution/University/Organization:
 8. Academic qualification:
(Complete the below format starting from bachelor to the highest degree, please mention the fellowship details and name of the funding agency for the PhD project)
- | Sl No. | Degree | Major Subject/ Thesis title for PhD /Post doc. Project | Institution/ University/ Funding agency and name of the fellowship for PhD /Post doc. Project | Year of Passing and duration | Class or division |
|--------|--------|--|---|------------------------------|-------------------|
| | | | | | |
9. Field of Specialization:
 10. Professional positions held till date in chronological order (If any):
 11. Suggested citation (50 words highlighting the nominee's specialization and achievements):
 12. Awards received (if any):
 13. Membership of Registered/ Professional Bodies/ Societies:
 14. Highlights of important contributions of the nominee in the field of promotion and development of Ethnopharmacology and medicinal plants (within 300 words):
 15. Details of publications:

Photograph
of the
Nominee

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(Please add the complete list of publications as Annexure 1)

- Number of research paper in indexed journal
- Number of books/ book chapters
- Cumulative impact factor of all publications:
- Number of citations:
- H-index of all publications:

Value	Source

16. Ten best publications of nominee in journals in following format (add reprints Annexure II)

Sl No.	Authors and name of the journal	Title of the article	Year, Volume (Issue), Page, Publisher	Impact factor and citation

17. Books/ book chapters of the nominee in following format :

Sl No.	Authors	Title of the Chapter/Book (Mention the name of editor in case of chapter)	Publisher and ISBN number

18. Patents (if any):

19. Research projects handled as PI (also mention the sponsoring body):

20. Innovations in teaching/ administration/research :

21. Critical assessment report on the contributions of the nominee for this award (500 words with seal and signature of the nominator - as Annexure III)

Full Signature of the Nominee

Date:

Enclosures:

- Bio data of the nominee
- Cover letter from nominator
- Critical assessment report from the nominator in his official letter head to justify the contributions of the nominee including his academic/ research credential and why he is fit to receive the award
- Matriculation/ attested Birth certificate and Degree certificates
- Appointment letter by management/ University/ Government
- Passport size colour photographs

Full Signature of the Nominator with seal

Date:

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B. PROFORMA FOR NOMINATION OF SFE - HERBAL INDUSTRY LEADER AWARD

SFE - HERBAL INDUSTRY LEADER AWARD

To recognize a company that sets an example of outstanding business practices or an organization that works to move the industry forward above and beyond normal business practices.

Norms and Conditions:

- The industry should be doing business for at least 15 years in India
- Their product / service should be well recognized by the Govt. of India
- The industry should follow GMP and GLP guidelines
- The industry must have own Research and Development centre.
- The Industry/organization should be institutional members of the Society for Ethnopharmacology (SFE).
- This nomination should be forwarded by Managing Director of the company and may be self-nominated. Or it should be nominated by member of the SFE.

FORMAT FOR INDUSTRY LEADER AWARD

1. Name of the company/organization
2. Address (complete address with phone, fax, e-mail)
3. Name of the proprietor/partner/managing director (complete address with phone, fax, email)
4. Year of establishment of the company/organization
5. Year of establishment of R&D unit of the organization
6. Give detail of the product development through R&D in the last 10 years (you may add separate annexure stating the above detail)
7. Give the details of the product produced in your company/organization in the last 10 years (you may add separate annexure stating the above detail)
8. What is the annual turnover of the company/organization (attach the audited account of the last financial years as annexure)
9. Whether there is any export of your product?
10. Percentage of total turnover through export?
11. Patent generated through the R&D in last 10 years (you may add separate annexure stating the above detail)
12. Publication made if any through R&D in last 5 years (give details) add copy of the print as annexure

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13. Percentage of the total sale and investment in R&D?
14. GMP certified or not? Which year?
15. (enclose copy of the GMP certificate as annexure)
16. ISO certified or not? Which year?
17. (enclose copy of the ISO certificate as annexure)
18. DSIR certified or not? Which year?
19. (enclose copy of the DSIR certificate as annexure)
20. GLP certified or not? Which year?
21. (enclose copy of the GLP certificate as annexure)
22. State whether any financial support has been received from central/state government or other sources
23. Highlight the major achievements of your organization in detail (you may add separate annexure stating the above detail)
24. Why you think that your organization is suitable for the SFE industry leader award (give 5 major points)
25. State in 150 words the major achievements of your industry/organization

Declaration

I hereby declare that the above information given in this form is true to the best of my knowledge and belief.

Date.....Place.....

Signature of the Applicant

Signature of the Proprietor or Managing Director of the company/Organization

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C. PROFORMA FOR SFE – OUTSTANDING LOCAL CHAPTER AWARD

SFE – Outstanding Local Chapter Award

APPLICATION FORM

1. Name of the Local Chapter :

1A. Address :

**E-mail id:
Contact No.:**

2. Name of the Coordinator :

**2A. Official Address with Phone
No.; Fax & E-mail**

**Phone No.
Fax:
E-mail:**

**3. Year of formation of the Local
Chapter :**

**5. Other Members involved in the
local chapter (Name, Address &
affiliation of the member) :**

6. Activity of the Local Chapter from January 1, 2019 to December 30, 2019 (Please give detail of the Seminar/Workshop/Symposium/Conference organized by the Local Chapter with photographs should be attached as an annexure):

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7. Membership Strength (in details)

Total Active member:

Category	No	Category	No
Regular Membership	:	Student Membership	:

8. Any other information :

9. Please provide your experience on SFE-India and its local chapter :

9A. Your suggestion for further improvement of the local chapter activity (if any) :

Date:

Place:

Signature of the Applicant

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