



TCS Annual Award 2019

APPLICATION FORM TCS

Award for Basic or Clinical Cytometry

Name: _____ Surname: _____ Gender: _____

Title (Prof. /Dr./Mr./Ms) _____ Designation: _____

Institution: _____

Address for correspondence: _____

City: _____ Pin code: _____

Tel: _____ Mobile: _____

Email: _____ Fax: _____

Details of the paper submitted for the award: Award Category: ("X" Mark in the box)

Basic Clinical Full Title:

Name of the Journal: _____

Month and Year of Publication (of acceptance, if not already published): _____

List of all authors: _____

Corresponding author: _____

Institute where this study was carried out: _____

Eligibility Details: Are you an Indian citizen (Yes/No):

_____ Are you a member of TCS

(Yes/No): _____ TCS Membership No. _____

If yes, till which year are the dues paid for: _____

Date of Birth (DD/MM/YYYY): _____

I have you read all Terms and Conditions and agree with them (Yes/No): _____

Attachments:

- 1 PDF of the manuscript
- 2 Letter of acceptance from the Editor of the Journal (if, not yet published)
- 3 No objection letter from the co-authors in the enclosed format with the name and PAN card number of the award receiving person

Signature the application: _____ Date of submission _____



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No Objection Letter from the Co-authors

This is to confirm that we have no objection to (name of the applicant) _____
submitting the paper entitled _____
published in _____
for **The Cytometry Society (TCS) award (Basic/Clinical)**. In case of final selection, the cheque bearing
the award amount may be presented in favor of the
following person (Name in capital letters as in bank account. PAN card
number is mandatory):

Name PAN Card number

Co-authors: Name Signature Date

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NOTE: Please add more lines if required. Application form and all its attachments should be sent by email to The President, TCS at tcs2019sgpgi@gmail.com before August 31st, 2019.

Signature the application: _____ Date of submission _____