



TCS Annual Award 2017

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: 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): _____

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

Date of Birth (dd/mm/yyyy): _____

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

Date of submitting the application: _____



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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 _____
 _____ published in _____
 _____ for 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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Please add more lines if required.

Application form and all its attachments should be sent by email to
 The President, TCS at tcsawards@gmail.com before August 31st, 2017.

_____ **Signature of the applicant**