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SAAP INTERNATIONAL SCIENTIFIC AWARDS

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SELECTION COMMITTEE MEMBERSHIP FORM

NAME: Prof./Dr._____

DESIGNATION: _____

NAME OF ORGANISATION_____

ADDRESS:_____

_____

TEL. _____ **Mob:** _____

(RESIDENCE)_____

_____

TEL. (OFFICE): _____ **FaxNo:**_____

Email: 1._____

2._____

RESEARCH AREA:

1._____

2._____

3._____

Any other relevant information: _____

_____

Roles and Responsibilities

- ☐ I Doesn't Disclose any type of information to others.
- ☐ Genuinely Review the Received Documents from Higher Authorities.
- ☐ Provide suggestions for Improves the strength of SAAP Awards.
- ☐ Suggest efficient and dynamic members for the new Selection Committee to improve the Selection of nominated Members.
- ☐ Actively participate in the Selection Procedure.
- ☐ Play an active role to reach high standards.
- ☐ I know and affirm that the Selection Committee position is voluntary, our organization won't provide any type of compensation.

Place :

Date : **Signature**

Note: Please provide the following details and send it to saapawards@gmail.com

1. An updated detailed Bio-Data with resent coloured photograph.
2. Duly filled and signed copy of the form (In any format like JPEG, PNG, and ZIP).