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FORM OF CERTIFICATE

NAME OF THE AWARD:

Principal Investigator:

IAP's Membership No.:

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Title of the paper:

Name of the main author with degrees (Principal Investigator)

Name of the Author(s) Date of Birth

1)

2)

3)

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I, hereby certify that I have read the award rules and that the facts stated above are true and the above mentioned paper has not won an award before elsewhere and that the paper relates to original work done by me in India. I also certify that I have not submitted this work for any other category of award than mentioned above, and that this research paper has not yet been published in any scientific journal.

Name of the Author(s) Signature of Author(s)

1)

2)

3)

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Place:

Date:

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Signature of the Head of the Department (Seal of the Institution)

Signature of the Head of the Institution