



# THE INDIAN SOCIETY FOR HYDRAULICS

CWPRS Campus, Khadakwasla, Pune 411024

## NOMINATION FORM FOR FELLOWSHIP

1. Full Name : \_\_\_\_\_

2. Postal Address : \_\_\_\_\_

\_\_\_\_\_

Tel. No. (O) : \_\_\_\_\_ Fax No.: \_\_\_\_\_

(R) : \_\_\_\_\_ E-mail : \_\_\_\_\_

3. Birth Date : \_\_\_\_\_

4. Educational Qualifications :

Degree	University	Year	Specification

5. Membership of other related societies :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Experience, Designation and Organization (year wise)

Designation	Organization	Period	Nature of Work (in brief)

7. Highlight contribution in research / teaching / design / construction / management in the space provided (Give list of publications separately).

Signature of applicant

Name and Signature of  
Recommending Fellow

Recommendations
