



National Awards to Teachers 2025 Dr. Sarvepalli Radhakrishnan Best Teacher Award - 2025

Application Form for Dr. Sarvepalli Radhakrishnan Best Teacher Award

Paste your photo	Name	
	Gender	
	Aadhaar Number	
	Designation	
	Department	
	Institution/Organization with Full Address	
	Qualification	
	DOB	
	DOJ	
	Experience	
	Mobile Number	
	Email	
	Full Indian Postal Address to send the Award and certificates	
Experience Certificate / College ID Card		Copy of students feedback statistics of previous semester duly Signed by Hod attach the document.
Result analysis of previous semester (any one subject you handled)		Profile
Justification for award (includes methods of teaching, interaction with students, organizing technical events for the students, projects, publications done along with your students)		Details of projects done along with your students
No. of Research Project On-going		Citation index for the last five years (Google / Scopus) Share the link



No. of Research Project Completed		No. of Books Published / Book Chapters Published	
Total cost of the Research Project in USD/INR		No. of Patents Filled / Published / Grant (mention it Clearly)	
No. of Articles Published in International and National Journals		Name of the Awards Received, if any	
No. of Conference Publication/Presentation		No. of Research Scholars Supervising / Awarded	
h-index from Google Scholar / Scopus		No. of Invited Speaker / Resource Person	
No. of Consultancy Projects Completed		No. of Research Conference / Workshop Organized	
No. of Funded Programmes Organized			
Member of Professional Bodies:			
Google scholar link			
Scopus link			
Linkedin link			
Researchgate link			
Personal website link, If any			
Areas of Research			
Award Category	Dr. Sarvepalli Radhakrishnan Best Teacher Award		

Self Declaration

I authenticate that to the best of my knowledge, the information given in this form is correct and complete. At any time I am found to have concealed any material information, my application shall be liable to be summarily terminated without notice. I have read the terms and conditions and other policies of the SOLETE , **Dr. Sarvepalli Radhakrishnan Best Teacher Award 2025** and agree to stand the same. I agree to SOLETE – **Dr. Sarvepalli Radhakrishnan Best Teacher Award** to process the data submitted in this application form, or any other data that the Foundation may obtain from me for any purposes connected with SOLETE – **Dr. Sarvepalli Radhakrishnan Best Teacher Award** for any other legitimate reason.

The filled applications along with duly completed curriculum vitae, Passport size photograph, Scan copy of the degree Certificate, Scan copy of the Working ID and related documents should be sent via email to: indiansolete@gmail.com

Date : _____ Place : _____ Scanned Signature of Applicant _____

Office Use only

Decision of the Committee	Reason	Signatures of Authorities
Recommended / Not Recommended		