

## Form – J: Details to be filled for Best performance Chapter of AFST(I)” Award: 2023-24

Requested to dully fill the below details of Application in compulsory

SI No	Particulars	To be filled	Points per activity	Support Doc	Total points (Self Evaluation)
1	Name of the Chapter				
	Address of the Chapter			Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	EC members details <b>President</b>	<u>Name:</u> <u>Phone:</u> <u>Email:</u>			
	<b>Secretary</b>	<u>Name:</u> <u>Phone:</u> <u>Email:</u>			
	<b>Treasurer</b>	<u>Name:</u> <u>Phone:</u> <u>Email:</u>			
3	Strength of members		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
4	Date of commencement of chapter		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
5	Chapter official address authorized NOC		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
6	Documents with regard to Chapter office/office staff & its maintenance		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
7	Utilization of Chapter Share received through HQ		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
9	Major theme/subject focused on the activities conducted		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
10	Collaboration with other organization, national or international in activities		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
11	Membership promotional activities and statistics		A-30 B-20 C-10	Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-

SI No	Particulars	To be filled	Points per activity	Support Doc	Total points (Self Evaluation)
13	Memorial lecture conducted in own or in association with chapters or any organization and its benefits in objectives of AFST(I) and its norms:		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
14	Using “Chapter Web Portal” : Under “ <b>One Association One Website</b> ”:		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
15	Adhere to the principles of AFST(I) By-Law		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
16	Awards or Certificate to Chapter till date		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
17	Contribution or vision towards promotion of AFST(I) and its objectives and activities		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
18	Vision towards establishment & growth of Association		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
19	Sponsorship/Grants and its utilization in concern with objectives		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
20	Accounting of all financial matters/transactions and auditing the record		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
21	Financial terms with HQ and periodical submission of required financial documents		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
22	Successful years of running of the chapter and its active participation		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
23	Promotional activities of major journal and Membership registration		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
24	Evaluation or Consideration with regard to EC member election		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-
25	EC members active participation in conference and other meetings called up by HQ		A-30 B-20 C-10	<u>Attachment:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	A- B- C-

*It is certified that the information given as above is true. In case any information is found incorrect, it would be my responsibility and will be liable to any action related to awards by the AFSTI.*

**Name & Signature of the applicant/nominee with date**

**Note:** All Nominations / Applications along with appropriate supporting documents compulsorily should be sent by registered post, in an envelope superscribed with the names of the respective award, so as to reach the following postal address or by e-mail on or before 5.00 PM on 10<sup>th</sup> October, 2024.

**The Honorary Secretary, Association of Food Scientists and Technologists (India), CSIR-CFTRI campus,  
Mysuru - 570 020, Karnataka, India. Email: [afstiawards@gmail.com](mailto:afstiawards@gmail.com)**

**Last date for submission on or before 10<sup>th</sup> October, 2024**