**EUROPEAN INTERNATIONAL EDUCATION ACCREDITATION STANDARDS -** EIEAS

# APPLICATION FORM - NOMINATION & ASSESSMENT *for* Awards, Recognition & Accreditation

***(This form shall be completed and your CV/Profile shall be sent to EIEAS, This Form may be extended up to 15 -20 pages in A4 Size Docs, signed/stamped required to be submitted to the EIEAS Accreditation Committee Head for further processing and a copy is given to the applicant for confirmation).***

## Individual Recognition, Awards & Accreditation (*For Individual Applicant*)

## **Title/Name of the Desired Award Applied for** (Please mention type/title of the Award/Recognition/Honor below):

## ……………………………………………………………………………………

## *Please mention the above with your preferred Award’s Title*

**Personal Details:**

Name in Full:

Date of Birth (Day/Month/Year): ………../………../………….

Sex: Please put [ **√** Mark] Male [ ] , Female [ ]

National ID Number or Passport Number (Any):

Nationality: , Place of birth:

E-Mail Address: , Mobile Number: , WhatsApp Number:

1. **Job Experience / Employment Details:**

[ 20 Points for each category, total 5 categories will be counted/Rated as 100 Points Max.]

Company/Institution’s Name: , Name of the Position: , Year(s):

Company/Institution’s Name: , Name of the Position: , Year(s):

Company/Institution’s Name: , Name of the Position: , Year(s):

Company/Institution’s Name: , Name of the Position: , Year(s):

Company/Institution’s Name: , Name of the Position: , Year(s):

1. **Educational Qualification Details:**

[ 20 Points]

Undergraduate Degree: , Name of the College/University: , Passing Year: , Grade/CGPA:

Master’s Degree/ M.Phil. : , Name of the University: , Passing Year: , Grade/CGPA:

Fellowship: , Name of the College/University: , Passing Year: , Grade/CGPA:

Doctoral Studies/ Ph.D./ DBA: , Name of the College/University: , Passing Year: , Grade/CGPA:

1. **Previous Achievement/Awards (If any):**

[ 20 Points]

 Mentor

Professorship

Honorary Doctorate

Others [ Please specify]

1. **Membership / Affiliation (**From other Institutions - If any**):**

[ 20 Points]

 Affiliate Membership

 Associate Membership

 Full Member/ Fellow:

 Accredited member

 Professional Member

Others [ Please specify]

1. **Research / Innovation/ Scientific Works/ Publication (Please include with titles, Links, Publication details):**

[ 20 Points]

Researched Articles: Title/Topic: Name of the Journal: , Publication Link:

Innovation News: Title/Topic: , Publication Link:

E-book Publication/ Publication: Publication Link:

Other Publication: Publication Link:

###  Professional Attachment (If you have License): ………………………

Name of the Professional Institution: , Type of Professional Practices: , Country:

**Score Achieved:** Total: ……………. Points Out of 100 Points.

Special Recommendation/Comments or (If any please write):

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### Self-Declaration: In signing this form I declare that all answers or documents given concerning the Nomination Form including this self-declaration, are true and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation or buildup material made in my answers, or other information given to or requested by the EIEAS, may provide grounds for the withdrawal of this application for the nomination without any notice, or render my award/membership liable for termination.

### Submitted by: Name -

Date: (day/month/year)

 / /

Signature of the Applicant ………………………………………….

 [ You may just Type of your name on the above line if any difficulty]

**Seal** (*If the Candidate works in an Institution or Practices Professionally as a self-employed*)

**Instructions:** i) Please attach the scan copies of the Highest Qualification Certificates, Job/Employment Experience Certificates, Membership Certificates along with this Filled and signed Application Form,

ii) Attach your latest CV/Resume/Profile with a color Photograph and

iii) E-Mail the filled Application Form and Documentation/Proof of supporting Evidences to accreditation.eieas@gmail.com

accreditation@eieas.org