



2026 Eligibility Verification Form

Applicant's Name: _____

Applicant's Degree (PhD or equivalent): _____

Applicant's Title: _____

Applicant's Department: _____

Applicant's Institution: _____

I affirm that the above Applicant for the *2026 Tata Transformation Prize* meets the following requirements:

- The Applicant's institution is included on the [list of eligible institutions](#).
- The Applicant holds a position as Postdoctoral Research, Faculty, Researcher, Scientist, or an equivalent title, with at least 50% full-time effort devoted to research.
- The Applicant holds a doctoral degree (PhD, DPhil, MD, DDS, DVM, etc.).
- I affirm that I occupy a leadership position at the level of the applicant's Department Head or higher, at the applicant's institution, and that I am senior in position to the Applicant.

I acknowledge and approve the application by _____
for the *2026 Tata Transformation Prize*.

Institution Leadership Name: _____

Institution Leadership Position: _____

(signature)

(date)