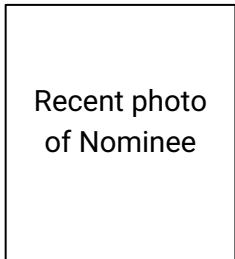


**PROFORMA 'A'**

**NOMINATION FORM FOR DISTRICT AWARD TO TEACHERS**

(Signed additional sheets may be attached if given spaces are not sufficient)

**Part-I  
(To be filled by Nominator)**



1. Nomination done by (please Tick)

- i) Administrative Officer of the area [    ]
- ii) Head of the Institution/SMC/SMB [    ]
- iii) NGO involved with educational activities [    ]

2. District :

3. Village/Town :

4. Name of School :

5. Contact No. & Email :

6. Name of Nominee :

7. Designation of nominee :

8. Attendance (in percentage) for the last three years ( to be filled by 1 (ii) only :

.....  
....

9. Relation/contribution to the community in education field, preferably with detailed write-up in separate sheet (any supporting document)

.....  
....

10. His/her genuine interest in affection and care for the children:

.....  
....

11. Specific reasons for nomination:

.....  
.....  
.....  
.....

## Signature of nominators

Signature	Name	Designation
1. ....	.....	.....
2. ....	.....	.....
3. .... .....	.....	
4. .... .....	.....	

**NB:** 1. The nomination form shall be forwarded by Head of the Institution to DEO/SDEO.

2. Nominator shall submit a detail achievement write-up in separate sheet duly signed.

**(Refer Annexure A-2)**

### Part-II (To be filled by Nominator)

1. Name of Nominee :
2. Date of Birth :
3. Date of joining service :
4. Educational Qualification :

Sl.No	Name of Examination	University/Board	Year of passing	Division
1	P.G			
2	Graduate			
3	HSSLC			
4	HSLC			
5	M.Ed/B.Ed.			
6	PSTE/CPTE/D.El.Ed			
7	Others			

(Documents to be enclosed)

5. Subjects taught in class \_\_\_\_\_ :
6. Pass percentage for subjects taught in public examination for last two years  
(Classes IX, X, XI & XII only)

Class	Year	No. Of students	Pass Percentage

7. Involvement in co-curricular activities:

- i) .....
- ....
- ii) .....
- ....
- iii) .....
- ....

8. Whether recipient of any Awards:

- i) .....
- ....
- ii) .....
- ....
- iii) .....
- ....

(Nominator may submit an achievement write-up in separate sheet with self attestation.) Refer Annexure A-2(i)

.....  
**Signature of Nominee**

.....  
**Name**

.....  
**Designation**

**NB. Part I & II to be forwarded to District Level Committee.**

**Part-III**  
**(To be filled by concerned DEO/SDEO)**

*Note: DEO/SDEO may please ensure that Sl.No.8 of part-II is filled.*

- |   |       |      |
|---|-------|------|
| 1. Do you agree with entries made in part-I & II?   | [YES] | [NO] |
| 2. Do you know the nominee personally?  | [YES] | [NO] |
| 3. Did you verify the supporting documents attached?  | [YES] | [NO] |
| 4. Did you verify the teacher's affection and care for<br>Children from Head of Institution/SMC | [YES] | [NO] |
| 5. Additional comments on the nomination: (Confidential Assessment)                             |       |      |

.....

.....

.....

.....

.....

.....

.....

.....

..... <b>Signature</b>	..... <b>Name</b>	..... <b>Designation</b>
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**NB:** DEO/SDEO shall submit a details write-up on the nominee on separate sheet duly signed.

**Part-IV**  
**(To be filled by District Level Committee)**

1. Decision of the District Level Committee:

.....

.....

.....

.....

.....

.....  
**Signature/Name of the Chairman of the District Level Committee.**

**PROFORMA 'B'**

**NOMINATION FORM FOR STATE AWARD TO TEACHERS**

(Signed additional sheets may be attached if given spaces are not sufficient)

**Part-I  
(To be filled by Nominator)**



1. Nomination done by (please Tick)

- i) Administrative Officer of the area [    ]
- ii) Head of the Institution/SMC/SMB [    ]
- iii) NGO involved with educational activities [    ]

2. District :

3. Village/Town :

4. Name of School :

5. Contact No. & Email :

6. Name of Nominee :

7. Designation of nominee :

8. Attendance (in percentage) for the last three years ( to be filled by 1 (ii) only :

.....  
....

9. Relation/contribution to the community in education field, preferably with detailed write-up in separate sheet (any supporting document)

.....  
....

10. His/her genuine interest in affection and care for the children:

.....  
....

11. Specific reasons for nomination:

.....  
.....  
.....  
.....

**Signature of nominators**

Signature	Name	Designation
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....

**NB:** 1. The nomination form shall be forwarded by Head of the Institution to DEO/SDEO.

2. Nominator shall submit a detail achievement write-up in separate sheet duly signed.

**(Refer Annexure A-2)**

**Part-II**  
**(To be filled by Nominator)**

1. Name of Nominee :
2. Date of Birth :
3. Date of joining service :
4. Educational Qualification :

SI.No	Name of Examination	University/Board	Year of passing	Division
1	P.G			
2	Graduate			
3	HSSLC			
4	HSLC			
5	M.Ed/B.Ed.			
6	PSTE/CPTE/D.El.Ed			
7	Others			

(Documents to be enclosed)

5. Subjects taught in class :

6. Pass percentage for subjects taught in public examination for last two years

(Classes IX, X, XI & XII only)

Class	Year	No. Of students	Pass Percentage

7. Involvement in co-curricular activities:

- i) .....
- ....
- ii) .....
- ....
- iii) .....
- ....

8. Whether recipient of any Awards:

- i) .....
- ....
- ii) .....
- ....
- iii) .....
- ....

(Nominator may submit an achievement write-up in separate sheet with self attestation.) Refer Annexure B-(I)(i)

.....  
**Signature of Nominee**

.....  
**Name**

.....  
**Designation**

**NB. Part I & II to be forwarded to District Level Committee.**

**Part-III**



**(To be filled by concerned DEO/SDEO)**

*Note: DEO/SDEO may please ensure that Sl.No.8 of part-II is filled.*

- |   |       |      |
|---|-------|------|
| 1. Do you agree with entries made in part-I & II?   | [YES] | [NO] |
| 2. Do you know the nominee personally?  | [YES] | [NO] |
| 3. Did you verify the supporting documents attached?  | [YES] | [NO] |
| 4. Did you verify the teacher's affection and care for<br>Children from Head of Institution/SMC | [YES] | [NO] |

5. Additional comments on the nomination: (Confidential Assessment)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

..... <b>Signature</b>	..... <b>Name</b>	..... <b>Designation</b>
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**NB:** DEO/SDEO shall submit a details write-up on the nominee on separate sheet duly signed.

**Part-IV**  
**(To be filled by District Level Committee)**

1. Recommendation of the District Level Committee:

.....  
.....  
.....  
.....  
.....

.....  
**Signature**

.....  
**Name**

.....  
**Designation**

**Part-V**  
**(To be filled by State Level Committee)**

1. Decision of the State Level Committee:

.....  
.....  
.....  
.....

.....  
**Signature/Name of the Chairman of the District Level Committee.**

**ANNEXURE-C**

*Particulars to accompany applications for Financial Assistance from the National  
foundation for Teacher's Welfare (For Teachers)*

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1. Full name and permanent address of the application ( Teacher ) in block letters

2. Date of birth and age

3. Whether the teacher is still in service?                      Yes/No

4. If – Yes in ( 3 ) above, please give the following particulars in respect of the  
appointment held at present.

(a) Designation :

(b) Name of the institution where employed at present :

(c) Whether institution is Govt. Institution/Govt. Aided Institution/Recognized  
Private Institution.

(d) Monthly emoluments ;

(i) Pay

(ii) Allowances

Total

(e) Date of appointment and total continuous service rendered as teacher up  
to date.

(f) Whether temporary/quasi-permanent/permanent?

(g) Pensionable or Non pensionable?

5. Approximate income from other sources, such as immovable properties,  
investment etc. per annum.

6. Income from ( all sources ) of teacher's family not maintaining a separate,  
household.

7. Please give the following particulars of the members of the teacher's family dependent on him/her.

Name	Age	Relationship	Profession	Monthly Income, if any
------	-----	--------------	------------	------------------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

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8. Purpose and reasons for which financial assistance is requested. ( Please describe in brief the circumstances necessitating the assistance requested ).

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9. Certificate : I ( To be furnished by the applicant )

I certify that to the best of my knowledge and belief, the particulars given above are correct. I fully understand that in the event of any of them providing otherwise, I shall be liable to such action as the National Foundation for Teacher's Welfare may deem fit to take in the matter.

Place: \_\_\_\_\_

Signature of the applicant \_\_\_\_\_

Date: \_\_\_\_\_

( Official Stamp ) \_\_\_\_\_

10. Certificate: II ( To be furnished by the Head of Institution where the teacher is serving or last served)

Certified that the applicant has correctly furnished the particulars of His/Her service. Certified also that applicant has shown uniformly good record of work conduct and devotion to duty during His/Her entire period of service.

Place: \_\_\_\_\_ Signature of the head Institution \_\_\_\_\_

Date: \_\_\_\_\_ ( Official Stamp) \_\_\_\_\_

11. Certificate: III ( To be signed by two responsible citizens of the area in which the applicant resides.

The certificate may be obtained from two members of Local Panchayat, Members of State or Union Legislature and Gazetted Officers of State or Central Govt).

We certify that we know the applicant personally and can testify from our personal knowledge of His/Her financial position and other circumstances to the genuineness of His/Her needs and claim for assistance.

The applicant is not related to any of us.

Place: \_\_\_\_\_ i) Signature \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_ ( Official Stamp) \_\_\_\_\_

Place: \_\_\_\_\_ ii) Signature \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_ ( Official Stamp) \_\_\_\_\_

12. Recommendation of District Committee.

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Place: \_\_\_\_\_ Signature of Chairman of District Committee

\_\_\_\_\_

Date: \_\_\_\_\_ ( Official Stamp) \_\_\_\_\_