

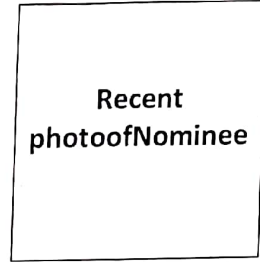
PROFORMA 'A'

**NOMINATION FORM FOR DISTRICT AWARD TO TEACHERS**

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

**PART – 1**

**(To be filled by Nominator)**



1. Nomination done by (please tick)
2. Head of the Institution with SMC/SMB/SMDC [    ]
3. SMC/SMB/SMDC [    ]
4. District : \_\_\_\_\_
5. Village /Town : \_\_\_\_\_
6. Name of School : \_\_\_\_\_
7. Contact No. : \_\_\_\_\_
8. Name of Nominee : \_\_\_\_\_
9. Designation of Nominee : \_\_\_\_\_
10. Attendance (in percentage) for the last three years (to be filled by the Head of School) :

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11. Teacher's relation/contribution to the community in education field, preferably detailed nominee self-writeup in separate sheet with supporting document if any

.....

12. His/her genuine interest in affection and care towards children welfare:

.....

13. Specific reasons for his/her nomination:

.....

.....

**Signature of nominators:**

	<i>Name</i>	<i>Designation</i>	<i>Signature</i>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....

- NB: 1. The Nomination form shall be forwarded by Head of Institution to the DEO/SDEO.  
2. Nominator shall submit a detailed achievement write-up in a separate sheet duly signed.  
(Refer Annexure A-2)



**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. Have you verified the supporting documents attached? [YES] [NO]
- 4. Are you satisfied with the concerned teacher's dealing with affection and care to the Children welfare from Head of Institution/SMC/SMDC/SMB [YES] [NO]
- 5. Additional comments for nominee: (Confidential Assessment)

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.....  
**Name** **Designation** **Signature**

**NB: DEO/SDEO shall submit a detailed write –up on the nominee on separate sheet duly signed.**

**PART – IV**  
**(To be filled by the District Level Committee)**

- 1. Decision of the District Level Committee:  
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.....  
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.....  
**Signature/ Name of the Chairman of the District Level Committee**

**NB: Incomplete forms will be rejected**