PROFORMA 'B'

NOMINATION FORM FOR STATE AWARD TO TEACHERS 2025

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

Part-I

(To be filled by Nominator)

Recent photo of Nominee

1. Nomination done by (please Tick)
   i) *Head of the Institution with SMC/SMB/SMDC* [ ]
   ii) *SMC/SMB/SMDC* [ ]
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 *the Head of School*) :

   .....

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

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

    .....

11. Specific reasons for *his/her* nomination:

    .....

    .....

Signature of nominators

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

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

2. Nominator shall submit a detail achievement write-up in separate sheet duly signed. **(Refer Annexure B-2)**

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Part-II

(To be filled by Nominee)

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	*B.Ed/M.Ed*			
6	*D.El.Ed /PSTE/UGHTT*			
7	Others			

(Documents to be enclosed)

5. Subjects taught by the *Nominee* :
6. His/her subject taught pass percentage in public examination for last two years (*PSLC/VII*/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)

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Name ***Designation*** ***Signature of Nominee***

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

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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 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:

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

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

1. Decision of the State Level Committee:

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

NB: Incomplete forms will be rejected

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