

Nomination Form

Please fill all details clearly in CAPITAL LETTERS.

1. Personal Details

Full Name:

Gender: Date of Birth:

Designation:

Institution/Organization:

Address:

City: State: PIN:

Mobile No.: Email ID:

2. Award Category (Tick One)

- | | |
|--|---|
| <input type="checkbox"/> NCAHRS Health Professional Ratna Award | <input type="checkbox"/> Emerging Healthcare Professional Award |
| <input type="checkbox"/> Chikitsa Ratna Award | <input type="checkbox"/> Young Achiever Award |
| <input type="checkbox"/> Lifetime Achievement Award | <input type="checkbox"/> Best Rehabilitation Team Award |
| <input type="checkbox"/> Best special educator teacher/best special educator trainer | <input type="checkbox"/> Best Clinician Award |
| <input type="checkbox"/> SPECIAL RECOGNITION - Chikitsa Sewa Samman Patr | <input type="checkbox"/> Best Academic Award |
| | <input type="checkbox"/> Best Researcher Award |

3. Professional Experience

Total Experience: Area of Specialization:

4. Major Contributions & Achievements (Attach separate sheet if required)

शरीरमाद्यं खलु धर्मसाधनम्

5. Documents Enclosed (Tick Applicable)

- | | |
|--|---|
| <input type="checkbox"/> Updated CV | <input type="checkbox"/> Research Publications (if any) |
| <input type="checkbox"/> Proof of Experience | <input type="checkbox"/> Two Professional References |
| <input type="checkbox"/> Supporting Certificates/Documents | <input type="checkbox"/> 500-word Impact Statement |

6. Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Date:

Place:

Signature of Applicant