



# APPLICATION / NOMINATION FORM



## APPLICANT'S BACKGROUND

Applicant's Name:

Sex:

Category:

Present Occupation:

Present Address:

Tel:

E-mail:

Blog:

M	F	Age:
General / SC / ST / Physically Challenged		

Paste (Front attested)  
Passport size  
Color  
Photograph of applicant  
(Mandatory)

Recognition/Awards received specify (name of the award, by whom, when for what purpose)

National Level

State Level

**Name of the NGO/Trust/Foundation (if attached to):**

Registration details:

Year of inception:

Address and Tel. No:

Field of work:



**DETAILS OF THE NOMINATING PERSON**

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ M/F \_\_\_\_\_ Age: \_\_\_\_\_

Relationship with the Applicant: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....  
**Signature of the nominating person**

**Enclosures:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

(All documents, as mentioned in the scheme, must be duly attested and attached)

.....  
**(Signature of Applicant)**

I undertake to submit any further document(s), as may be required and to accept the decision of the Award Committee/ Jury as final and binding.

.....  
**(Signature of Applicant)**

**Recommendations (Minimum two)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact no: \_\_\_\_\_ Signature-----

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact no: \_\_\_\_\_ Signature-----



## PROJECT / ACTIVITY BRIEF

- ✓ Please use separate sheet to describe the below points and put your signature in all pages with date.
- ✓ You are requested to restrict your responses to the word limit mentioned.
- ✓ \*\* Marked questions are mandatory to answer.

- **Focus Area: (Please Tick Mark any one that is deemed most important)**

- Education
- Healthcare
- Water and sanitation
- Livelihood
- Women Empowerment
- Advocacy (in the above stated focus area)

- **Title of the project/ Activity:**

- **Background of the project/Activity (Not more than 300 words)\*\*:**

- **What was the source of funding the project / activity\*\*:**

Period	Community funding(in INR)	Government (in INR)	Corporate (in INR)	Bilateral (in INR)

- **Geographical area covered:**

- **Beneficiaries covered (by category, gender and age group) \*\*:**

- Indirect
- Direct

- **Activities undertaken(Not more than 300 words) \*\*:**

- **Impact on the target group(Not more than 300 words)\*\*:**

- **Does the project/ activity has an evaluation report? :**
  - Yes (If Yes, Submit the project evaluation report) \*\*
  - No
- **Has the Project / Activity led to any Community participation:**
  - Yes (If Yes, Submit a brief note, Not more than 300 words ) \*\*
  - No
- **Innovation/innovative strategy, if applicable(Not more than 300 words) \*\*:**
- **Sustainability of the Project / Activity (Not more than 300 words) \*\*:**
- **Scale up of the Project / Activity (Not more than 300 words) \*\*:**
- **Please write how in your opinion this project/ activity merit for “Shambhavi Puraskar “ (Not more than 300 words) \*\*:**
- **Please provide Photographs / Video coverage of the project / activity, if any**

✓ **All the facts provided in this application/nomination form must be supported by valid documents.**

The Shambhavi Puraskar Committee  
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