



# 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 application/nomination form should reach in the following address on or before 15<sup>th</sup> December 2017**

The Shambhavi Puraskar Committee  
 Bansidhar & Ila Panda Foundation  
 IMFA Building, Bomikhal,  
 Bhubaneswar - 751010, Odisha, India,  
 TEL: +91 674 3051000, 2580100  
 FAX: +91 674 2580020  
 Email: mail@bipf.org.in  
[www.bipf.org.in](http://www.bipf.org.in)

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