

## Fifth Annual Excellence Award 2018-'19

# NOMINATION FORM

Form No.2

- ✦ To be filled up by the Proposer's in his / her own handwriting.
- ✦ Please answer these questions honestly and frankly to the best of your knowledge.

### SPECIAL (Differently abled children) EDUCATOR AWARD

The name of the applicant you would like to nominate for this award \_\_\_\_\_

Gender: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Date of Joining \_\_\_\_\_ Position \_\_\_\_\_ Contact No. of applicant \_\_\_\_\_

Name of Current School / Organisation : \_\_\_\_\_

Classes / Subject Taught / Work specification : \_\_\_\_\_

#### Proposer's Information:

( )Principal ( )Management/Director ( )HOD ( )Educationist ( )Student ( )Parent \_\_\_\_\_

Name of Proposer : \_\_\_\_\_

Designation : \_\_\_\_\_ Contact No. : (M) \_\_\_\_\_ (O) \_\_\_\_\_

School/Residential Postal Address : \_\_\_\_\_

Email Id : \_\_\_\_\_ How long have you known the nominee? \_\_\_\_\_

Rate the nominee by ticking (✓) the appropriate boxes

Sr.	Descriptors	Excellent	V. Good	Good	Remarks
1	Qualified for the role				
2	Temperament				
3	Is a patient listener				
4	Integrity in practicing the profession				
5	Assist as per the need of the child				
6	Applies different mode of teaching				
7	Can create, safe & effective learning environment				
8	Communication with peer group				
9	Task master				
10	Mapping behavioral Assessment for academic growth				
11	Regular feedback to parents				
12	Enjoys the profession				
13	Optimism				
14	Co-operative				

**Describe why you would like to nominate the applicant for this Award.**

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**What are the three main strengths of the applicant ?**

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**Describe two innovative ideas or major improvement that the applicant has used and its out come in your school?**

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**Note : Attach extra sheets with the label (Name, category, School), wherever necessary please do attache supportive documents and evidences with certification.**

**Thank you for giving your valuable written opinion about the applicant please sign below**

**Sign** \_\_\_\_\_ **Seal** \_\_\_\_\_

**Designation** \_\_\_\_\_ **Date** \_\_\_\_\_