



Fourth Annual Excellence Award 2017-'18

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 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.

What are the three main strengths of the applicant ?

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

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** _____