



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.

TEACHER EDUCATOR AWARD B.ED / P.T.C. LECTURERS

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 () 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	Training future teacher				
2	Developing psychological skill				
3	Content Lesson planning				
4	Approachability				
5	Effective Module designing				
6	Ability to engage & inspire students				
7	Enthusiasm & Vitality				
8	Guidance & Supervision				
9	Leadership skills				
10	Research work				
11	Organizational Skills				
12	Extended services				
13	Incorporation of new techniques in class				
14	Clarity of thought on diverse issues				



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** _____