MADRAS SCHOOL OF SOCIAL WORK
MCJ AWARD for Humanitarian Services – 2019

Theme: MENTAL HEALTH

NOMINATION FORM
(Kindly fill in the following details. Attach additional sheets wherever required)

I. DETAILS OF NOMINEE

- Full Name:
- Date of Birth:
- Educational Qualification:
- Name of Organization:
- Complete Postal Address:
- City/Town/Village:
- District:
- State:
- Pin code:
- Telephone Numbers (with STD code)
  - Office:
  - Residence:
  - Mobile:
- Email (Official):
- Email (Personal):

II. Details of Current Work
(Please attach separate sheet, if necessary)

III. Rationale for Nomination
Detailed Description of Achievement and Organization:
- Describe what makes the nominee appropriate for this award. Please describe the Nominee's path towards achievement
- The uniqueness/novelty of the organization established:
- The impact of the Nominee's /organization work on others in society:
- Details of the beneficiaries reached by the Nominee / Organization:
IV. DETAILS OF NOMINATOR *(Please note - self nomination will be accepted)*

- Full Name of the Nominator : 
- Complete Postal Address : 

- City/Town/Village : 
- District : 
- State : 
- Pin code : 
- Telephone Numbers *(with STD code)*
  - Office : 
  - Residence : 
  - Mobile : 
- Email (Official) : 
- Email (Personal) : 

Signature of Nominee (if self-nominated):

Signature of Nominator (if nominating someone):

Date: 

Place: 

Enclosures required:

1. Last year’s Annual Report 
2. Copy of Registration certificate 
3. Copies of any other credentials such as Newspaper reports / Testimonials 
4. A Passport size photograph of Nominee / Head of Organization