

**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