

TELANGANA STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION
(Minorities Welfare Department)
GOVERNMENT OF TELANGANA

**NOMINATION FOR FELICITATION OF INSTITUTIONS WHO HAVE RENDERED
EXEMPLARY SERVICES IN THE FIELDS OF SOCIAL WORK, MEDICAL &
EDUCATION**

NOMINATION FORM

*I/We nominate the following Institution which has contributed its services
to the community for felicitation:*

The Institutions information and demonstrate of services is furnished below:

*Passport Size
Photograph of
the Head of
the Institution*

1. Name of the Institution/Organization	
2. Applicants Name:	
3. Designation:	
4. Institution Address:	
PIN Code:	
Mobile No:	
Email ID:	
Website:	
5. Registration documents:	

Necessary Documents should be enclosed (Ex: History of the Institution, Photographs, Audit reports for last 03 years etc..)

6. Nomination for the Field of (Separate nomination form need to be used for each field and each Institution)

1. Education
2. Medicine
3. Social Service

**1. How in your opinion the Institution demonstrated its services worthy of recognition?
(Documents to be enclosed)**

**2. How has the Institutions contribution impacted on a particular field, locality, group,
community or humanity at large? (Documents to be enclosed)**

**3. Over what period of time has the Institution made a major significant contribution?
(Documents to be enclosed)**

4. Has the nominee's contribution been recognized elsewhere with awards/felicitation (e.g.; in the media, awards, professional/ interest groups or through local Government)
(Documents to be enclosed.)

5 History of the Institution with relevant documents:

Please provide full details of POSITION(S) HELD by the nominee, paid or voluntary, which support and are relevant to the nomination. Please give period of his/her activity, or whether the person is still involved in this area of activity.

6 Documents in support of the candidature:

- a.
- b.
- c.
- d.

Please submit a self-declaration affidavit in support of your above documents.

7. DETAILS OF NOMINATING AUTHORITY

Name:	
Designation:	
Office:	
Address:	
Mobile/Tel/Fax No.:	
Email ID:	
Website:	
Relationship to nominee:	
Signature & Seal	
Date:	

Note: Please send nomination by register post or in person to the o/o. District Minorities Welfare Officer at the concerned district from 13.12.2023 at 10:30 AM to 15.12.2023 before 5:00 PM duly writing on the cover, the Nomination of Institution for Felicitation in the field of _____

**For more details, Please contact
O/o. Managing Director
TELANGANA STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION
[Minorities Welfare Department, Govt. of Telangana]
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**Managing Director
TSCMFC**