

**TELANGANA STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION**  
(Minorities Welfare Department)  
Government of Telangana

**NOMINATION FOR FELICITATION OF EMINENT CHRISTIANS WHO HAVE  
RENDERED EXEMPLARY SERVICES AND EXCELLED IN DIFFERENT FIELDS  
OF SOCIAL WORK, MEDICAL, EDUCATION, LITERARY PURSUITS, FINE  
ARTS/THEATRE & SPORTS.**

**NOMINATION FORM**

*I/We nominate the following person who is a Bonafide Christian for felicitation:*

*His personal data and demonstrate of service is furnished below:*

*Passport Size  
Photograph of  
the Nominee*

1. Name :	
2. Father's Name:	
3. Address:	
Street:	
Village:	
Town:	
PIN Code:	
Mobile No:	
Email ID:	
Website:	
4. Date of Birth:	
5. Religion :	

# Necessary Documents should be enclosed

- a. For SC Converted Christian's – Caste Certificate issued by Tahsildhar
- b. Others – Baptism Certificate

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

1. Literature
2. Education
3. Medicine
4. Social Service
5. Music/Theatre/ Fine Arts
6. Sports

1. How in your opinion the nominee demonstrated service worthy of recognition?  
(Documents to be enclosed)

2. How has the nominee's 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 nominee made a major contribution?  
(Documents to be enclosed)

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

### **5 Background of the nominee**

*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.

7. Study Particulars:

S. No.	Class		Year	Name of the Institute	Location		
	From	To			Village	Mandal	District
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

# Please submit photocopies of the relevant Bonafide Certificates.

In case of non-availability of the bonafide certificates, please submit a self-declaration affidavit in support of your above documents.

8. DETAILS OF NOMINATING AUTHORITY

Name :	
Designation : Office :	
Address:	
Mobile/Tel/Fax No.:	
Email Id: Web:	

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 16.11.2017 at 10:30 AM to 25.11.2017 before 5:00 PM duly writing on the cover, the Nomination for Felicitations in the field of*

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**For more details, Please contact  
O/o. Managing Director  
TELANGANA STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION  
[Minorities Welfare Department, Govt. of Telangana]  
# 6-2-941, Flat No. 104, Moghal Emami Mansion  
Opp. Shadan College Khairatabad, Hyderabad – 500 004 T.S.  
Tel: 040 2339 1067, Email: [tscmfc@gmail.com](mailto:tscmfc@gmail.com)  
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