

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: H.No: / Street:			
Village:		Mandal:	
District:		PIN Code:	
Mobile No:			
Email ID:		Website:	
4. Date of Birth:			
5. Religion :			

Necessary Documents should be enclosed

- a. For SC Converted Christians – 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 recognized 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:	
Website:	
Relationship to nominee:	
Signature	
Date:	

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

