



**A P STATE CHRISTIAN MINORITIES FINANCE CORPORATION**  
(Minorities Welfare Department)  
Government of Andhra Pradesh

**NOMINATION FORM FOR FELICITATION OF EMINENT CHRISTIANS WHO EXCELLED IN  
DIFFERENT FIELDS AND RENDERED EXEMPLARY SERVICES**

**NOMINATION FORM**

***I nominate the following person for felicitation:***

\* Mandatory fields.

Passport Size  
Photograph of  
the Nominnee

1. Full Name \* : \_\_\_\_\_

2. Address\* : \_\_\_\_\_

Street: \_\_\_\_\_

Village: \_\_\_\_\_

Town: \_\_\_\_\_

PIN Code\* : \_\_\_\_\_

Mobile No\* : \_\_\_\_\_

Email ID\* : \_\_\_\_\_

3. Date of Birth\* : \_\_\_\_\_

4. Aadhaar Card No \* : \_\_\_\_\_

(Xerox Copy to be enclosed)

5. Christian Certificate: \_\_\_\_\_

(Latest Caste Certificate

Issued by Tahsildar / T.C)\*

(Xerox Copy to be Enclosed)

Yes

No

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

**7. How in your opinion the nominee demonstrated service worthy of recognition?**

**8. How has the nominee's contribution impacted on a particular field, locality, group, community or humanity at large?**

**9. Over what period of time has the nominee made a major contribution?**

**10. 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.**

**11. What makes this person different from others doing similar work?**

**12. 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.*

**13. Documents in support of the candidature:**

**14. DETAILS OF NOMINATING AUTHORITY**

Name:

Designation :

Address:

Mobil e / Tel / Fax No.:

Email Id:

Relationship with nominee:

I hereby declare that the information given above is correct.      Date:

Signature:  
& Seal

**Note \*:1. Applications once submitted will not returned back.**

**2. All Mandatory documents to be enclosed, If not application will be rejected.**

***Please send nomination form to the O/o MD, APSCMFC through Speed Post / Courier on or before 10.12.2019 before 5.30 PM December, 2019 ( Tuesday )***

**Address:**

**MANAGING DIRECTOR  
ANDHRA PRADESH STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION  
6<sup>th</sup> Floor, T.G Plaza, Opp Manipal Hospital, Tadepalli, Guntur District – 522 501**

***For More details Contact : 08645-274068/69, 8897652340  
Website: <http://christianminorities.ap.nic.in>***