



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

**NOMINATION 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 Nominee

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

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

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

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

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

Pincode\* : \_\_\_\_\_

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

Email Id\* : \_\_\_\_\_

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

4. Aadhar Card No & (Copy enclosed)\*: \_\_\_\_\_

5. Christian Certificate\*: (Xerox Copy to be Enclosed)  Yes  No  
(Latest Caste Certificate issued by Tahsildar/T.C)\*

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

Relationship to nominee\* : \_\_\_\_\_

I hereby declare that the information given above is correct.

Signature\* :  
& Seal \_\_\_\_\_

**Note: 1.Applications once submitted cannot be returned back.  
2.All Mandatory documents to be enclosed, if not application will be rejected.**

**Please send nomination to the following address by Speed Post/ Courier before  
11<sup>th</sup> December, 2023 (Monday)**

**The Managing Director / Convenor  
ANDHRA PRADESH STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION  
[Minorities Welfare Department, Govt. of A.P.]  
Flat No. 603, 6<sup>th</sup> Floor, T.G.Plaza, Opp. to Manipal Hospital,  
NH5 Service Road, Tadepalli, Guntur District-522501**

**For More details Contact:**

**Tel: 08645- 274068/69, 8897652340 Website: [www.christianminorities.ap.nic.in](http://www.christianminorities.ap.nic.in)**