

**CENTRAL COUNCIL OF INDIAN MEDICINE**

**NEW DELHI**

**NOMINATION FORM FOR AWARD IN RESPECT OF STATESMANSHIP OF THE  
AYURVED, UNANI AND SIDDHA**

<b>Name of Nominating Authority with Designation and official Address</b>			
<b>Category which nomination is made</b>			
<b>Name of the person with designation</b>			
<b>Institution the person is working/ Nature of work</b>			
<b>Father's Name</b>			
<b>Date of Birth</b>			
<b>Nationality</b>			
<b>System to which teacher belongs (Ayurved, Unani and Siddha)</b>			
<b>Academic Qualification</b>	<b>Name of Qualification</b>	<b>Passing year</b>	<b>Name of University</b>
UG			
PG			
Any other Course/Degree			
<b>Extracurricular Activities</b>			
<b>Hobbies</b>			
<b>Achievements</b>			
<b>Publications (Research papers/Articles in reputed Journals/Books etc.)</b>			
<b>Specific Contribution towards particular field</b>			
<b>Details of any other Award received earlier.</b>			

<b>Justification for nomination (in brief and to the point)</b> _____ _____ _____ _____ _____
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**SIGNATURE OF NOMINATING AUTHORITY WITH SEAL OF THE OFFICE**

**DATE : \_\_\_\_\_**



Consent of Nominee:-

I hereby offer my consent as proposal by nominating Authority.

**SIGNATURE OF NOMINATING**

**Note:-Nomination form should be submitted with following documents:-**

1. 15 copies of Curriculum vitae of the candidate and full address of communication.
2. A statement of the work, achievement, accomplishment or performance on which the claim to the award is based.
3. One set of publications.
4. A reasoned justification for the nomination.
5. Consent of nominee.