

UT ADMINISTRATION OF DAMAN & DIU
SOCIAL WELFARE DEPARTMENT,
COLLECTORATE, DAMAN.

ADVERTISEMENT

Application are invited for "Nari Shakti Puraskar" being celebrated on 8th March , 2018, Nari Shakti Puraskar will be awarded on this day by The Ministry Of Women and Child Development, Govt. of India, New Delhi .

The Eligibility Criteria for Nominations of the above awards are as follow :

1. **The Awards are open to all individuals and institutions.**
2. **In Case of individual category, the awardee must be at least 25 years of age on the last date of receipt of nomination.**
3. **If the applicant is an institution, it should have worked in the relevant field for at least 5 years.**
4. **The applicant should not be a recipient of the same award earlier (including Stree Shakti Puraskars as were awarded by the Ministry)**
5. **The Nari Shakti Puruskar may be awarded for outstanding work, preferably in exceptional circumstances, to individuals/ groups/institutions/NGOs etc in the areas of economic and social empowerment of women effective implementation of women related legislations gender mainstreaming and positive actions in favour of women.**
6. **Applications may be sent by individuals/groups/NGOs/Institutions etc. who encouraged women to participate in decision making roles; encouraged women's skills development in traditional and non-traditional sectors; facilitated basic amenities of rural women; promoted women in non-traditional sectors like science and technology, sports, art, culture, etc**

The application in prescribed performa must reach the office by 25th September, 2017, 04.00 P.M by Post, In person or through email at socialwelfare-daman@yahoo.com. A committee constituted by UT Administration of Daman & Diu will select and recommend names to the Government for conferring these awards. The prescribed applications for the above awards can be obtained from the Office of Social Welfare Department, Collectorate, Dholar, Moti Daman and Office of District Child Protection Unit, Collectorate, Diu. The information is also available at website www.daman.nic.in and www.diu.gov.in.

For any queries kindly contact Social Welfare Dept. from Monday-Friday from 10 am - 5 pm (excluding lunch hour).


Dy. Secretary

Social Welfare Department,
Daman

Nomination Form

A. FORMAT FOR RECOMMENDING INSTITUTIONAL AWARDS

1.	Full Name & Complete Address of the Organisation/Institution	
2.	Name of the Head of the Institution	
3.	Contact Details: (i) Land line Phone No. (ii) Mobile No. (iii) Fax No. (iv) E-mail Address:	
4.	Area of Specialization (please attach Memorandum and Articles of Association containing objects and bye-laws): (Wherever applicable)	
5.	Name of parent organization or Registered body (please attach certified copy of the certificate of registration – wherever applicable)	
6.	The details of Managing Committee (or equivalent) and qualifications of their members:	
7.	Whether the organisation is working at: (i) Regional level (ii) State level (iii) National level (iv) International level	
8.	Total Staff Strength :	
9.	If possible, please attach the annual reports of the last three years:	
10.	Special or outstanding achievements during last five years in service towards the cause of women empowerment (with timelines, impact and outcomes)	

11.	Details of Awards/Honours/Recognitions received, if any (attach citation)	
12.	Justification for the Award (attach Separate sheets with details)	

I hereby declare that above information regarding the institution/ individual: _____
_____ is true to the best of my knowledge.

Place:

Date:

Signature
Name:
Full Contact Address:
Mobile No.:
E-mail ID:

9241



Nomination Form

B. FORMAT FOR RECOMMENDING INDIVIDUALS FOR AWARDS

1.	Full name Complete Address	
2.	Date of Birth	
3.	Designation	
4.	Contact Details: (i) Land line Phone No. (ii) Mobile No. (iii) Fax No. (iv) E-mail Address	
5.	Qualifications	
6.	Details of Professional experience	
7.	Notable work during last three years for the empowerment of women:	
8.	Details of Awards/Honours/Recognitions received, if any (attach citation)	
9.	Justification for the Award (attach separate sheets with details)	

I hereby declare that above information regarding the individual/ institution -----
----- is true to the best of my knowledge.

Place:

Date:

Signature
Name:
Full Contact Address:
Mobile No.:
E-mail ID: