



NATIONAL ASSOCIATION FOR THE BLIND (INDIA)

11/12, Khan Abdul Gaffar Khan Road, Worli Seaface, Mumbai - 400 030

RUSTOM MERWANJI ALPAIWALA MEMORIAL AWARD

NOMINATION FORM

AFFIX A
PASSPORT SIZE
PHOTOGRAPH

NAME: _____

FULL ADDRESS: _____

TEL.NO. WITH STD CODE: RESIDENCE: _____

OFFICE: _____

MOBILE: _____

E MAIL ID: _____

DATE OF BIRTH: _____

VISION STATUS: BLIND SIGHTED

EDUCATIONAL QUALIFICATION: _____

PRESENT POSITION OF THE NOMINEE: _____

NUMBER OF YEARS THE NOMINEE HAS BEEN IN THE FIELD OF WELFARE OF THE BLIND: _____

SIGNIFICANT CONTRIBUTION OF THE NOMINEE TO THE FIELD OF WELFARE OF THE BLIND:
(IF NEED BE, PLEASE ATTACH A SEPARATE SHEET)

(A) _____

(B) _____

(C) _____

(D) _____

AWARDS RECEIVED, IF ANY, AT THE NATIONAL OR INTERNATIONAL LEVEL: _____

CATEGORY FOR WHICH NOMINATION IS SENT: PROFESSIONAL VOLUNTARY

NOMINATOR'S NAME: _____

SIGNATURE OF THE NOMINATOR

NOMIMATOR'S ADDRESS AND TELEPHONE NUMBER: _____

