

Date: _____

To,
Dr. S. Radhakrishnan Teacher's Welfare Association,
479, 3rd Floor, Opp. Indian High School, Kuvempu Road,
Bangalore-560056

Please paste here
your recent
colour passport
size photo with
formal dress.
Don't staple &
don't fold.

Application for "BHARAT SHIKSHAN RATNA" Award: _____
(Year)

1. Name of the Applicant: _____

2. Annual Membership No. _____ Date: _____ State: _____

3. Name of the Working Institution with address: _____

_____ Pin Code: _____

4. Designation: _____ 4. Educational Qualification: _____

5. Date of Birth: _____ Age: _____ 6. Gender: _____ 7. Total Experience: _____

8. Full Address for Communication: _____

_____ Pin Code: _____

9. Mobile No.: _____ E-mail ID: _____

10. Name of the Recommender: _____

Designation: _____ Office Address: _____

_____ Pin Code: _____

Mobile No.: _____ E-mail ID: _____

Remarks about the applicant (Additional sheets can be attached, if required):

Declaration: I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Signature with Office Seal of the Recommender

Signature of the Applicant