



DR.S.RADHAKRISHNAN TEACHER'S WELFARE ASSOCIATION

An All India Teachers' Welfare Organisation, established as per the provision under the Constitution of India

Ref. No. 07/BSRA/2025

Date: 10th June 2025



“BHARAT SHIKSHAN RATNA AWARDS - 2025”

OBJECTIVE: Recognising and awarding the dedicated teachers is one of the primary objectives of Dr.S.Radhakrishnan Teacher's Welfare Association; The “Bharat Shikshan Ratna Awards” are given to the dedicated teachers as a symbol of tribute and honor for the contribution made by them to the Society.

Dr.S.Radhakrishnan Teacher's Welfare Association is an All-India Teachers' Welfare Organisation, established as per the provision under the Constitution of India. It is affiliated to Indian & International Universities for educational development of Indian Teachers and educationalists.

PRESENTATION OF THE AWARD: The award will be given in the Award Ceremony, organised by the Association on “Teacher's Day” 5th September 2025 in Bangalore. However, the award will send you by a registered post, if you are unable to attend the programme.

ELIGIBILITY: The applicant should be the **Associate Member** of Dr.S.Radhakrishnan Teacher's Welfare Association and a Principal / Director / Managing Trustee (President/ Secretary /CEO/ MD), Professor / Asso.Professor/ Asst.Professor / Lecturer/ Teacher/ PE Teacher/ Librarian from a recognised educational institution and must have a good Academic Excellence, Discipline and Commitment to profession.

PLEASE NOTE: 1. You can send the Associate Membership Application along with the Application for Bharat Shikshan Ratna Award, 2. You can request your institution to pay your Associate Membership fee as a contribution to Teacher's Welfare, 3. You will receive your Associate Membership Certificate within a month by a registered post, 4. You can download the application form, from:

https://www.allindiateacherswelfareassociation.org/bharat_shikshan_ratna_awards.php

RECOMMENDATION: The Awards will be given on the basis of recommendation. Your Institution's Head i.e. Principal / Director / Chairman / President / Secretary or an Authorised person can recommend you for the Award. (Please get the Signature with Office Seal of your recommender on Application)

LAST DATE TO APPLY: 16th July 2025

HOW TO APPLY: Please send the filled-in application (hard copy) by speed post, to:

**Dr.S.Radhakrishnan Teacher's Welfare Association,
479, 3rd Floor, Opp. Indian High School, Kuvempu Road,
Jnanabharathi 2nd Stage, Bangalore-560056**

Alternatively, please mail the soft copy of the application at: info.drstwa@gmail.com

PLEASE NOTE:

1. You will get a confirmation call soon after receiving your application.
2. The invitation for the award ceremony will send you well in advance by e-mail.

For more information:

E-mail: info.drstwa@gmail.com

Call: 080-23396767, 022-26440077, 888 444 2407, 932 438 3167

Please visit our website: www.allindiateacherswelfareassociation.org

Chief Secretary

Dr.S.Radhakrishnan Teacher's Welfare Association

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 – 2025"

1. Name of the Applicant: _____

2. Associate 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

Please Note: 1. You can request your institution to pay your Associate Membership fee as a contribution to Teacher's Welfare.
2. You will receive your Associate Membership Certificate within a month by a registered post.

Date: _____

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

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your recent
colour passport
size photo with
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Application for Associate Membership

1. Name of the Applicant: _____

2. Name of the Working Institution with address: _____

_____ Pin Code: _____

3. 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. Associate Membership Fee Payment Details:

Amount: 25,000.00 (Twenty-Five Thousand Only)

Payer's Name: _____ UPI ID: _____

UPI Transaction ID: _____ Time: _____ Date _____

Declaration: I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief and I assure the association that I will obey the rules and regulations applicable to the associate members time to time.

Scan & Pay

DR S RADHAKRISHNAN TEACHERS
WELFARE ASSN

TID: 62797858



Signature of the Applicant

OFFICE USE ONLY

Approved for the year: _____ State: _____

Associate Membership No.: _____ Date: _____

Authorised Signature