



# THE ODISHA SOCIETY OF THE AMERICAS

Nomination Form for Utkalmani Gopabandhu Das Memorial Award, 2016

Please Note: The last date of Nomination is: **March 31st, 2016**

You are advised to send your nominations by email [osaawards2016@gmail.com](mailto:osaawards2016@gmail.com) with a copy to OSA Award Committee Members :

Anjana Chowdhury([anjachow@hotmail.com](mailto:anjachow@hotmail.com))

Eva Mohanty ([evamohanty@gmail.com](mailto:evamohanty@gmail.com))

Swapna Rath([swapna\\_rath@comcast.net](mailto:swapna_rath@comcast.net))

Scanned/PDF copies via email are preferred. For those awards requiring documentary proofs please send those documents by US/Canada mail to:

Anjana Chowdhury  
20612 Summer Sweet Terrace  
Germantown, MD 20876

Nominators are encouraged to attach any relevant documentary evidence of a nominee’s contribution/ recognition along with this nomination form. Please refer to OSA Award Guidelines for general information and specific guidelines for individual awards.

## 1. Nominee Profile:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. A Brief Rationale for Nomination: (Please attach additional sheets if necessary)

## 3. Nominee’s Association with OSA

(i) Membership Status:

Annual Member\_\_\_\_\_ Life Member\_\_\_\_\_ Patron\_\_\_\_\_ Benefactor\_\_\_\_\_

(ii) Association/ Involvement with the OSA Activities at both national and chapter level: (please specify):

(iii) Year of Attendance and participation in OSA Conventions:

**4. Accomplishments:** (Please fill out as per award guidelines. Please attach additional sheets if necessary)

(i) Contribution as a social worker

(ii) Addressing and resolving women's and children's issues and rehabilitation

(iii) Improving economic well-being of disadvantaged persons

(iv) Fund raising and relief operation during natural calamities such as flood, cyclone and drought

(v) Playing role in eradicating poverty

(vi) Community service through health and education

(vii) Contribution to OSA and chapter activities

**5. References:** (Please provide names of THREE who may be contacted by the selection committee if necessary)

1. Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_

Known to the nominee since \_\_\_\_\_ Relationship with the nominee: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_

Known to the nominee since \_\_\_\_\_ Relationship with the nominee: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address \_\_\_\_\_

Known to the nominee since \_\_\_\_\_ Relationship with the nominee: \_\_\_\_\_

**6. Nominator Profile:**

Nominator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership Status: Annual \_\_\_\_\_ Five Year \_\_\_\_\_ Life \_\_\_\_\_ Patron \_\_\_\_\_ Benefactor \_\_\_\_\_

How many years have you known the Nominee? \_\_\_\_\_

Are you related to the Nominee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state relationship \_\_\_\_\_

Signature of the Nominator: \_\_\_\_\_

Date: \_\_\_\_\_

