



# THE ODISHA SOCIETY OF THE AMERICAS

Nomination Form for Subrina Biswal Award for Academic Excellence, 2017

Please Note: The last date of Nomination is: **March 31st, 2017**

You are advised to send your nominations by email [osaawards2017@gmail.com](mailto:osaawards2017@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

It is open to any graduating oDia student in US and Canada.

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

(i) Academic achievement as per the transcripts

(ii) Extracurricular activities such as dance, music, debate and/or sports

(iii) Community service such as volunteering for the organization, hospital or school

(iv) Award received during school year

**5. References:** (Please provide names of TWO who may be contacted by the selection committee if necessary. One should be from a teacher of the school attended)

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: \_\_\_\_\_

## 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: \_\_\_\_\_

