



THE ODISHA SOCIETY OF THE AMERICAS

Nomination Form for Utkalmani Gopabandhu Das Memorial Award, 2018

Please Note: The last date of Nomination is: **March 31st, 2018**

You are advised to send your nominations by email to osaawards@odishasociety.org. Scanned/PDF copies of signed form and other required documents must be emailed to the above email address. 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 _____

OSA Award 2018

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: _____