

12th National CSR Summit

ROLE OF CSR IN MISSION VIKSIT BHARAT BY 2047



NOMINATION FORM

(Please fill up and return this form, duly signed and stamped, by email to <u>awards21@csrtimes.org</u>

(A) Select Applicant Type:

□Government □PSU □Corporate □Start-up □Other	□Corporate Foundation □NGO □MSME □Individual			
(B)Select Project Category (The award will be conferred on the basis of evaluation of one project only):				
☐1. Education ☐2. Healthcare ☐3. Skill Development ☐4. Women Empowerment ☐5. Eradication of Hunger,				
Poverty & Malnutrition 6. Livelihoods 7. Water Conservation and Management 8. Swachh Bharat				
(Sanitation, Health and Hygiene) ☐9. Environment Stewardship ☐10. Rural and Infrastructure Development				
☐11. Special Categories (Old Age/Specially-abled/Armed Forces, etc.) ☐12. Sustainable Development				
☐13. Carbon Emission (Carbon Credit/EV) ☐14. Sports Promotion ☐15. Waste Management ☐16. CSR				
Professional of the Year ☐ 17. Any Other Category (Please specify)				
(C) Basic information (For Corporate, PSU, MSME, Start-up, Individual applicant):				
Project Title				
Name of the Organisation/Individual				
Company website URL				
Date of incorporation				
Corporate Identification Number (CIN)				
Full Address				
Pincode				
Nature of the organisation & its products/services				
(D) Basic information (For Corporate Foundation, NGO, Trust, Sec.8 companies):				
Project Title				
Name of the Organisation				
Website URL				
Date of registration				
Registration No. thru' Ministry of Corporate Affairs				
Full Address				
Pincode				
Nature of work				



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(E) Contact Details:

	Head of the Organisation	CSR Head	Officer handling this award
Full Name			
Designation			
Email			
Phone			
I/we under jury. Addit If select	estand that this application shal tional information as required by	l be processed by a team of the your the jury will be furnished by	t to the best of my/our knowledge. ne experts and placed before the me/us in a particular time frame. etion about this nomination
(G) Checklis	t (Please attach):		
☐ The Project ☐ Testimonia ☐ Copy of C	roject Summary in the prescrib of Impact Assessment Report b als of beneficiaries, if available. IN / Regn. No. documents related to the proje	y a third party, if available.	
[Please note	nominations submitted with inc	complete form, in respect of info	ormation sought and/or non-

SIGNATURE

NAME

DATE

payment of nomination fees will be rejected]