GOVERNMENT OF INDIA/ MINISTRY OF LABOUR AND EMPLOYMENT

NOMINATION FOR PRIME MINISTER’S SHRAM AWARDS 2020

The nomination form giving full particulars as specified and as per instructions should reach before closing date i.e. 30.11.2021 to the Under Secretary, Ministry of Labour and Employment, Shram Shakti Bhawan, Rafi Marg, New Delhi – 110001, along with Crossed Demand Draft of value of Rs. 500/- drawn in favour of “Pay & Accounts Officer (MS), Ministry of Labour, New Delhi” payable at New Delhi in respect of nominations pertaining to Public Sector. The manufacturing units employing 500 or more workers in the Private Sector may forward their applications along with two demand drafts, each for Rs. 500/-, one in favour of “Pay & Accounts Officer (MS), Ministry of Labour, New Delhi” payable at New Delhi and the other drawn in favour of the concerned Nodal Agency. **THE DECISION OF THE GOVERNMENT REGARDING THE SELECTION WILL BE FINAL.**

**NOTE**

Before filling up the form, please read the following instructions carefully

1. Nomination form received directly from an individual worker will not be accepted.
2. The filled in Nomination Form along with the recommendation typed on separate sheet should be routed through the Administrative Central Ministry/ State Government Department/National level Association/Chambers.
3. Please type the information against respective columns/ items.
4. Strike out whichever is not applicable.
5. Enclose two separate passport size attested photographs duly signed at the back side.
6. Incomplete nomination form in any manner is liable to be rejected.
7. Any type of undue influence/ recommendations on the committee by the nominee or employer will result in disqualification of the nomination.
8. Ensure that the phone numbers (Office & Residential) along with the Fax number (with STD Code) be furnished without fail.

**I. PARTICULARS OF THE WORKER**

1. Name in full (block letters) : 
   (in Roman and Devanagri script)
2. Designation

3. Parent/Spouse's Name

4. Date and place of birth : Age: Sex:

5. Present Postal Address

6. Phone Number (with STD code) :

7. Permanent Postal Address :

8. Family background :

(State the composition of the family, their occupation, etc.)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of Family member</th>
<th>Age</th>
<th>Relationship with the applicant</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

9. Whether physically challenged :

QUALIFICATION :

<table>
<thead>
<tr>
<th>EDUCATIONAL</th>
<th>TECHNICAL</th>
<th>PROFESSIONAL</th>
</tr>
</thead>
<tbody>
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</tbody>
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NOTE: 1. Please attach certified copies of the Certificates/Mark Sheets about qualification duly attested by Executive Magistrate or Gazetted Officer of the Govt. or Principal of the School/College.

EXPERIENCE :

<table>
<thead>
<tr>
<th>Date of Appointment</th>
<th>Designation</th>
<th>At the time of appointment</th>
<th>Present</th>
<th>Years of Experience</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
i) Nature of work

ii) Duties and responsibilities

entrusted to the worker

iii) Present Salary

NOTE: Please attach a separate sheet wherever needed.

II. ABOUT THE INDUSTRY/COMPANY WHERE THE NOMINATED PERSON IS EMPLOYED.

<table>
<thead>
<tr>
<th>Name &amp; address of the company/ factory</th>
<th>Name &amp; address of the employer</th>
<th>Tel.No./Fax.No./e-mail</th>
<th>No. of workers employed</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Registration No. under relevant Act</th>
<th>Enforcement Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of the officer with postal address</td>
</tr>
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</tbody>
</table>

III. BRIEF HISTORY OF NOMINATED PERSON
a) About personal characteristics of the nominated person in general:

b) About the service:
   i) with previous employer :
   ii) with present employer :

c) Any other information relevant and which is not reflected in the form highlighting the other activities of the nominated person

IV. PARTICULARS OF AWARDS GRANTED TO NOMINATED PERSON IN THE PAST:

a)

<table>
<thead>
<tr>
<th>Year in which Award conferred</th>
<th>Name of the Award Conferred</th>
<th>Name &amp; Address of the Organisation/ Body</th>
<th>Tel.No./ Fax No./ e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

b) Brief highlight of each Award conferred:

Note: Please attach certified copies of the Awards certificates as a documentary proof.
CITATION

(To be given by the Head of the Organisation/Company/Chief Executive Officer)

NOTE: To be submitted in typed form in not more than 600 words giving details on following points.

1. Meritorious service
2. Achievements

Place:
Date:

Signature
Name & Designation
Address:

OFFICE SEAL
CERTIFICATE
(To be signed by Nominated person)

I ........................................................................... the undersigned Shri/Smt./Kum. ........................................................................... hereby give my willingness to accept the Award and Sanad awarded to me under the Prime Minister’s Shram Awards Scheme. If I am selected for such Award, I shall abide by the rules and regulations prescribed by the Committee and the Committee’s decision will be binding on me.

Date :

Signature/Thumb Impression of the Nominated person
(Left hand Thumb Impression, if Male and Right hand Thumb Impression, if Female.)

Countersigned by the Employer :

Name :

Designation :

Industry’s/Company’s Seal:
DECLARATION OF NOMINATED PERSON

I ...................... hereby declare that all the statements made in the nomination form are true, complete and correct. In the event of any information being found false/incorrect or ineligibility being detected before or after the declaration of the Prime Minister’s Shram Award, my nomination will stand automatically cancelled. I am also aware that the Government reserves the right to withdraw the Award with penal action, if any irregularity is detected at a later stage.

I further declare that I am a citizen of India.

Place :
Date :

Signature/Thumb Impression
of the Nominated person
(Left hand Thumb Impression, if Male and Right hand Thumb Impression, if Female.)
EMPLOYER'S CERTIFICATE

1. This is to certify that our Industry/Company is registered under the ________________ Act. Our Registration No. is ________ and further it is certified that Shri/Smt./Kum. ________________ is a temporary/permanent employee of our industry/Company M/s. ________________ situated at ________________ and that he/she is working with us from ________________ and holding a post of ________________ in our Industry/Company.

2. Further it is certified that particulars furnished by Shri/Smt./Kum. ________________ have been verified from his/her record and found correct.

3. No vigilance case is either pending or contemplated against Shri/Smt./Kum. ________________. His/her integrity is beyond doubt.

4. No major or minor penalty was imposed on Shri/Smt./Kum. ________________ during last 10 years.

5. He/she is hard working, sincere and honest in discharging the duties allotted to him/her.

6. He/she has not caused any reportable accident during last 10 years.

7. I am also aware that if any irregularity/false information is detected before or after the declaration, penal action may be taken against me.

We wish him/her grand success.

The undersigned is duly authorized to sign this certificate.

Date: __________________________
Place: __________________________

Signature
Name & Designation
Tel.No.

OFFICE SEAL
Annexure-VI

(TO BE OBTAINED BY THE RECOMMENDING AUTHORITY)

VERIFICATION CERTIFICATE
FROM THE LOCAL POLICE STATION

This is to certify that Shri/Smt./Kum. ___________________________ son
of/ wife of/ daughter of ___________________________ is
not involved in any case and no criminal case is registered against him/her. His/her record is
good and he/she is residing at ___________________________.
Further, it is certified that he/she does not have any anti-social/criminal case record.

Other remarks, if any.

Place : ___________________________ Date : ___________________________
Signature : ___________________________
Name of the Police Officer with
Full address, Tel. No., Fax No.

OFFICE SEAL

NOTE : The officer issuing the Verification certificate should attest the photograph of the
nominated person with a signature and rubber stamp in such a way that one half of the
signature and stamp appears on the photograph and the other half on the certificate.

Full name of worker in Devanagri Script duly signed (in original) by the worker.

(Signature of worker)