<u>ANNEXURE</u>–I

GUIDELINES-2024 FOR SELECTION OF EMINENT CHRISTIAN PEROSONS AND CHRISTIAN ORGANIZATION/INSTITUTIONS DURING CHRISTMAS CELEBRATION 2024

Selection Guidelines:

For Individuals & Institutions:

- **Rs.1, 00,000/-** along with Plaque in recognition to the services rendered in Telangana for **10 years**& above in the fields of.
 - 1. Social Work,
 - 2. Medical,
 - 3. Education,
 - 4. Literary Pursuits,
 - 5. Fine Arts/Theatre,
 - 6. Sports

And for **Organizations/Institutions** work for not less than **30 years** in Telangana state with a cash incentive of **Rs.2,00,000/-** along with Plaque in recognition to the services rendered in the fields of

- 1. Medical.
- 2. Education
- 3. Social
- **ii.** The Felicitation Programme is to be taken up during the Christmas CM's Dinner ProgrammewhichishostedinthemonthofDecembereveryyearbyMinoritiesWelfare Department, Government of Telangana.
- **iii.** Felicitation programme schedule will be informed to all the Heads of the Churches, Institutions, Community Leaders and General Public, through Print or Electronic Media soliciting Nominations for felicitating Eminent Christians & Institutions, who have rendered exemplary services to the Community.
- iv. Individuals (10 years & above) or **Organizations/Institutions** (30 years & above) who have rendered exemplary secular services and making an impact in lives and development of the community towards change, will be selected in those fields.

- **v.** The proposer & nominee should be reputed and eminent person who is a non political and non controversial.
- vi. The eligible criteria of the applicant must be a Christian.
- vii. The Proposer must nominate Individual or Organisation /Institution in one field only.
- viii. Nominee/Aspirant and their family Members once Felicitated /Awarded in composite Andhra Pradesh or Telangana State are not eligible to apply anymore.
- **ix.** The nominations in the prescribed format should be submitted in the office of the DMWO of the concerned District within the given time limit.
- **x.** The DMWO's shall forward eligible applications only as per the above guidelines to TGCMFC.

A) FIELDS FORINDIVIDUALS:

- 1. <u>Social Work</u>: Recognizes an individual who has made a significant life time contribution to the poor in the areas of Social work, Human Rights, Humanitarian services. This person should have created, managed or otherwise supported a sustainable programme which has significantly contributed to communities, opportunities to sustainable development and growth.
- **2.** <u>Medical:</u> Recognizes an individual who has made a significant life time contribution to the Poorest of the poor community in the fields of community health and Medicine.
 - This person should have created, managed or otherwise supported a sustainable programmewhichhassignificantlycontributedtothehealthandwellbeingofthepoor.
- **3.** <u>Education:</u> Recognizes an individual who has made a significant life time contribution to the Poor in the areas of Education catering to the needs of the poor and the neglected communities making literates. This person has created, managed or otherwise supported a sustainable programme which has significantly contributed to the Education of the Community making them Neo Literates/Literates.
- **4.** <u>Literature:</u> Recognizes an individual who has made a significant life time contribution to the Literature that impacted the lives of the poor towards the change. This person should have contributed created, written literary works in original that have impacted the poor and the neglected.

- 5. <u>Fine Arts/Theatre:</u>Recognizes an individual who has made a significant life time contribution in the field educating the poor & the neglected through dance, drama, music, painting, sculpture, architecture etc.., those impacted the communities towards the change in their lives. This person will have created or contributed to the song and drama educating the communities for better living.
- **6. Sports:** Recognizes an individual who has made a significant life time contribution in the field of Sports at International, National & State level participation and who have brought the laurels to the State &Nation and also have impacted the communities with their contribution and commitment. This person will have created or contributed to a particular sport inspiring and educating the upcoming generation.

B) <u>FIELDS FORINSTITUTIONS:</u>

- 1. <u>Social Work</u>: The particular field recognizes an institution which has made a significant contribution to the poor in the areas of Social work, Human Rights, Humanitarian services. This institution should have created, managed or otherwise supported a sustainable programme, which have significantly contributed to communities, opportunities to sustainable development and growth. The Institutions achievements must be over and above a minimum of 30years expertise and service to the community.
- **2.** <u>Medical:</u> The particular field recognizes an institution which has made a significant contribution to the Poorest of the poor community in the fields of community health and Medicine. This institution should have created, managed or otherwise supported a sustainable programme, which has significantly contributed to the health and wellbeing of the poor. The Institutions achievements must be over and above a minimum of 30 years expertise and service to the community.
- **3.** Education: The particular field recognizes an institution which has made a significant contribution to the Poor in the areas of Education catering to the needs of the poor &the neglected communities making literates. This institution have created, managed or otherwise supported sustainable programmes, which have significantly contributed to the Education of the Community making them Neo Literates / Literates. The Institutions achievements must be over and above a minimum of 30years expertise and service to the community.

ANNEXURE-II

TELANGANA CHRISTIAN (MINORITIES) FINANCE CORPORATION

(Minorities Welfare Department)

GOVERNMENT OF TELANGANA

NOMINATION FORM FOR FELICITATION OF INDIVIDUAL EMIENT CHRISTIAN

I/We nominate the following person who is a Bonafide Christian for felicitation:

His personal data and demonstrate of service is furnished below:

Passport Size Photograph of the Nominee

1.Name:	
2. Father's Name:	
3.Address: H.No:/Street:	
Village:	Mandal:
District:	PIN Code:
Mobile No:	
Email ID:	Website:
4.DateofBirth:	
5.Religion:	
6.Nominationfor The Field of	eparate nomination form need to be used for each field &each Individual) a. Literature b. Education c. Medicine d. Social Service e. Music/Theatre/Fine Arts f. Sports
7. Necessary Documents to be enclosed	 a. For SC Converted Christians – Caste Certificate issued by Tahsildhar b. Others–Baptism Certificate c. Aadhar Card d. Pan card e. Document related to the service rendered in particular field.

8. How in your opinion the aspirant/nominee demonstrated service worthy of rec (Documents to be enclosed)	cognition?
O.How has the aspirant/nominee contribution impacted on a particular field, local community or humanity at large?	lity, group,
(Documents to be enclosed)	
0.Over what period of time has the Aspirant /Nominee made a major Contribu	ution?
Documents to be enclosed)	ution:
11. Has the aspirant/ nominee's contribution been recognized else where with a felicitation (e.g.;in the media, awards, professional/ interest groups or through government)	
(Documents to be enclosed.)	
12.Background of the Aspirant/ Nominee	
Please provide full details of POSITION(S) HELD by the nominee, paid or volume supportandare relevant to the nomination. Please give period of his/heractivity, or person is still involved in this area of activity.	luntary, which whether the

13. Study Particulars:

S.	Cl	ass	Vacan	Name of the Institute	Location		
No.	From	To	Year	Name of the Institute	Village	Mandal	District
1							
_							
2							
3							
4							
5							
6							
7							
8							
9							
10							
10							

#Please submit Photocopies of the relevant Bonafide Certificates.

In case of non-availability of the Bonafide Certificates, please submit a self-declaration affidavit in support of your above documents.

14.DETAILSOFPROPOSING AUTHORITY		
Name:		
Designation:		
Office:		
Address:		
Mobile/Tel/Fax No.:		
Email ID:		
Website:		
Correlation with nominee:		

DECLARATION OF PROPOSER

I		S/o	D/o/V	W/o					resid	ing	at
	hereby	declare	that,	the	information	of	the	Aspirant	/ 1	Nomi	nee
authenticated by me	is correct to	my knov	vledge,	and	any of the giv	en ir	ıforr	nation wit	nesse	ed by	me
is found to be incorr	ect, I may be	held resp	ponsib	le as p	per the LAW.						
Date:					Signatu	re of	the !	Proposer			
Station:					Naı	ne:					
Mobile No:											
	DECL	DATIO	NOE	A C'DI	DANT / NON	ATNIE	ידי				
	DECLE	<u> KATIO</u>	N OF	ASP1	RANT / NOM	HINE	<u>/L</u>				
I		S/o/I	D/o/W	/o				1	esidi	ng	at
	Hereby	y declare	e that,	the	information s	ubm	itted	/ furnish	ed b	y me	e is
correct and I take fu	ll responsibil	ity on the	e authe	nticit	y of the inform	natio	n an	d docume	nts si	ubmit	tted
by me.											
If anything is	s found incorr	ect I may	y be he	ld res	sponsible as p	er L <i>A</i>	AW.				
Date:					Signature o	f the	Asp	irant / Noi	mine	e	
Station:					Name:		r				
Station.		M	lobile I	Λo.	ranne.						
		141		, 0.							

Note:Please send nomination by register post or in person to the o/o. District Minorities Welfare Officer at the concerned district from 23.11.2024 at 10:30 AM to 05.12.2024 before 5:00 PM duly writing on the cover, the Nomination for Felicitation in the field of

For more details, Please contact
O/o. Managing Director
TELANGANACHRISTIAN(MINORITIES)FINANCECORPORATION
#GruhakalpaBuilding,2ndFloor,MJRoad,Nampally,Hyderabad.
Tel:04023391067,Email: tscmfc@gmail.com,Website:www.tgcmfc.in

ANNEXURE-III

TELANGANACHRISTIAN(MINORITIES)FINANCECORPORATION

(MinoritiesWelfareDepartment)

GOVERNMENTOFTELANGANA

NOMINATION FORM FOR FELICITATIONOF ORGANIZATION / INSTITUTION

I/WenominatethefollowingInstitutionwhichhascontributeditsservices to the community for felicitation:

The Institutions in formation and demonstration of services is furnished below:

Passport Size Photographof the Head of theInstitution

1.Nameofthe	
Institution/Organization	
2.Applicants Name:	
3.Designation:	
4.InstitutionAddress:	
5.Registration Number & Date:	
PINCode:	
MobileNo:	
EmailID:	
Website:	
6.Necessary documents to be enclosed	 a. Registration Certificate b. Aadhaar of Head of the Institution. c. Address Proof d. Pan Card e. Audit Report for the last 3 years
7.Nomination for the Field	(Separate nomination form need to be used for each field and each Institution) 1.Education 2.Medicine 3.Social Service

3. Experience in the Field	
•	
0.11	
	itution demonstrated its services worthy of recognition?
(Documents to be enclo	osed)
[
	ntribution impacted on a particular field, locality, group,
community or humanity at large	e?(Documents to be enclosed)
	s the Institution made a major significant contribution?
11.Over what period of time ha (Documents to be enclo	

(e.g.; in the media, awar (Documents to be en	rds, professional/ interest groups or through local Government)
(Deciments to be en	<i>source</i>
13.History of the Institution	nwithrelevantdocuments:
•	f POSITION(S) HELD by the nominee, paid or voluntary, which
	nomination.Pleasegiveperiodof his/heractivity,orwhetherthe person is
still involved in this area of	activity.
14. Documents in support of	f the candidature:
a.	
b.	
c.	
d.	
Pleasesubmitaself-declaration	onaffidavitinsupportofyour abovedocuments.
15.DETAILSOFPROPOS	SING AUTHORITY
Name:	
Designation:	
Office:	
Address:	
Mobile/Tel/FaxNo.:	
EmailID:	
Website:	
Correlationtonominee:	

12. Has the nominee's contribution been recognized else where with awards/felicitation

DECLATION OF THE PROPOSER

Ι	S/o /D/o/W/o	residing at
hereby decla	are that, the information of the Orga	nization / Institution authenticated by me is correct to
my knowled	lge, and any of the given information	on witnessed by me is found to be incorrect, I may be
held respons	sible as per the LAW.	
Date:		Signature of the Proposer
State:		Name :
		Mobile No:
	DECLARATION OF HEAD OF T	THE ORGANIZATION/ INSTITUTION
I		he information submitted / furnished by me is correct
	all responsibility on the authenticity of the state of th	of the information and documents submitted by me. eld responsible as per LAW.
Date:		Signature of the Aspirant / Nominee
Station:		Name:
Seal:		
O j	· ·	inperson to the o/o.DistrictMinoritiesWelfare 00.00.2024at10:30AMto00.00.2024before5:00PM ation of Institution for Felicitation in the field of
	Manag TELANGANACHRISTIAN(MIN #GruhakalpaBuilding,2 nd Flo Tel:04023391067,E	s,Pleasecontact O/o. ging Director [ORITIES)FINANCECORPORATION or,MJRoad,Nampally, Hyderabad. Cmail: tscmfc@gmail.com www.tgcmfc.in

SELF DECLARATION

Date:	
I,	S/o. /D/o./W/o
Residing at	, hereby declare that I
am authorized to sign official documen	ts on behalf
I take full responsibility for the accurac	ey and authenticity of the documents signed by
me.	
S	Signature:
	Date: