



INDRAPRASTHA COLLEGE FOR WOMEN
University of Delhi
31, Sham Nath Marg, Delhi – 110054
Tel. : 23954085, 23962009 Fax : 23976392

NOMINATION FORM

FOR

**OUTSTANDING STUDENT / STUDENT WITH ALL ROUND
EXCELLENCE/COLLEGE EXCELLENCE AWARD/
BEST B.A.(PROG.) STUDENT**

NAME : _____

CLASS: _____

DEPARTMENT: _____

Passport Size
Photograph
of the
Candidate

ACADEMIC PERFORMANCE:

Course	Marks	%	Univ. Position (if any)
B.A Part I			
B.A. Part II			
B.A Part III			
M.A. (Previous)			

POSITION HELD :

COLLEGE LEVEL: _____

DEPARTMENT: _____

OTHER: _____

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- ✓ Only the students of B.A. Final and M.A. Final are eligible
 - ✓ Minimum marks for “All Round Excellence’ are 55% and for the other two categories are 60% in the last University Examination.
 - ✓ Minimum Attendance Requirement is 66%
 - ✓ The distinctions obtained during college days only are to be mentioned. The prize committee retains the right to edit/delete any section of the submitted form, if need be.
 - ✓ All nominations should be endorsed (signed) by the Departmental Representative at the prize committee.

ACHIEVEMENTS

ACADEMIC

AWARDS WON:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHER: _____

PARTICIPATION:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHER: _____

EXTRA CURRICULAR ACTIVITIES

AWARDS WON:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHER: _____

PARTICIPATION:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHER: _____

SPORTS

AWARDS WON:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHER: _____

PARTICIPATION:

INTERNATIONAL: _____

NATIONAL: _____

INTER COLLEGE: _____

INTRA COLLEGE: _____

OTHERS: _____

COMMUNITY SERVICE:

ANY OTHER INFORMATION:

DECLARATION:

- ✓ I hereby declare that all the information given above is true and correct.
- ✓ I affirm that no disciplinary action has ever been taken against me in the college or Otherwise.

Signature of the Student

DEPARTMENTAL RECOMMENDATION:

Signature of the Departmental Representative

Date: