

SEAT NO.*

(*As per given in VRP result sheet)

VISHWAKARMA RASHTRIYA PURASKAR – P.Y. - 2015

Form for authorizing / nominating persons for receiving VISHWAKARMA RASHTRIYA PURASKAR (VRP)

1. **Name** (In Capital Letters) :
2. **Designation** :

FULL ADDRESS (In Capital Letter)	
OFFICIAL	RESIDENCE
TELEPHONE/MOBILE NO.:	TELEPHONE/MOBILE NO.:

COMPANY'S NAME :	
COMPANY'S ADDRESS	NEW DELHI ADDRESS (IF ANY)
PHONE NO.	
FAX NO.	
MOBILE NO.	
E-MAIL	

3. **DETAILS OF ACCOMPANYING PERSONS : (MAXIMUM TWO ONLY)**

SR. NO.	NANE AND ADDRESS	CONTACT NO.

Remark (if any):

DATE :
PLACE :

**Signature, Name and Designation, Contact Number
of the Nominating Authority (with Company Seal)**