**  
TwinTech Healthcare Academy**  
(A Unit of TwinTech Institute of Education Trust – Regd.)  
T. Nagar, Chennai, Tamil Nadu, India

**NURSING**

**EXCELLENCE AWARD 2025**  
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**NOMINATION FORM**

**Guidelines & Important Dates**

* Filled Nomination form to be sent to us by eMail : awards.twintech@gmail.com
* Please send the Profile of the nominee along with the nomination form
* Attach any additional documents as annexure.
* **Last Date for Submission:26th April 2025 by 5:00 PM**
* Selection of awardees by panel of experts and Finalist confirmed and notified:Tentatively on 05th May 2025
* Award Ceremony @ Chennai : Tentatively on 11th May 2025( Sunday)

(In commemoration of the ensuing 12th May 2022 World Nurses Day)

* For further details, Connect : WhatsApp : 97104 85295

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| **S.No.** | **Particulars** | **Details** |
| 1. | Name |  |
| 2. | Age |  |
| 3. | Gender |  |
| 4. | WhatsApp Number |  |
| 5. | E-Mail ID |  |
| 6. | Designation |  |
| 7. | Hospital / Organization Name |  |
| 8. | Experience in Years |  |
| 9. | Place of Work |  |
| 10 | District |  |
| 11 | Postal Address for Communication with pincode |  |
| 12 | Brief Profile with Accomplishments : **Attach as PDF** | |
| **Attach your recent Passport Size Colour Photo : JPG Format** | | |
| **Previous Awards & Recognitions if any : Attach as PDF** | | |
| Reference Letter from your organization : **Attach as PDF** | | |
| **Enclosures:**   * Completely filled and signed nomination form. * Profile (CV) of the nominee & PP Size Colour Photo * Attach supporting documents if any | | |
| **Declaration by the Nominee**  I hereby declare that the information I have provided in this nomination form is true and correct to the best of my knowledge. I also agree to the use of my details for the purpose of promoting the award program by TwinTech Healthcare Academy / Services.I confirm that I meet the eligibility criteria for the award and give my consent to be nominated.  **Name of the Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |