



VEDIC MANTHAN

INDIA'S FIRST

ACADEMIA-INDUSTRY AYURVEDA AND MEDICAL ASTROLOGY SUMMIT

APPLICATION FORM FOR ORGANIZATIONS

I. Application Information

a) Application Year: 2020

b) Applicant Status: New Application

c) Applying for

i) Vaidyik Jyotish Ratana Award

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ii) Jyotish Vaidyik Ratana Award

☐

iii) Research Award

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iv) Global Promotion Award

☐

d) Type of nomination:

i) Self

☐

ii) Organizational Nomination

☐

iii) Being nominated

☐

e) How did you hear about the 'Impact Awards':

i) Word of Mouth

☐

ii) Through media (Print / Social)

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iii) Through known (Friends / Colleagues / Others)

☐

iv) Others

☐

II. Nomination Details

a) Organization Name:

b) Contact No:

c) Email:

d) Address

City:

State:

Country:

Zipcode:

e) Service area:

f) Beneficiaries catered to:

g) Website (if any):

f) Brief Organizational Description:

(Attach a separate sheet if required)

g) Leadership - Executive Team

First Name:

Last Name:

Job Title:

Contact No:

Email:

First Name:

Last Name:

Job Title:

Contact No:

Email:

First Name:

Last Name:

Job Title:

Contact No:

Email:

h) Organizational Nomination

First Name:

Last Name:

Job Title:

Contact No:

Email:

g) References:

Reference 01

First Name:

Last Name:

Contact No:

Email:

Reference 02

First Name:

Last Name:

Contact No:

Email:

Note: Section III is to be filled by those applying for 'Vaidyik Jyotish Ratana' and 'Jyotish Vaidyik Ratana' Awards

III. Information for Selection (About the practice using a combination of Ayurveda and Medical Astrology, with the assistance and support of the organization, benefitting both, the nominee and the organization along with the community)

- a. Measurable Results
- b. Evidence based results
- c. Essay about self

(Please describe in not more than 200 words for each in a separate sheet and attach with the application along with the proofs required)

Note: Those applying for Research or Global Promotion Awards should submit the case studies or the proofs for their eligibility in the form of a presentation, along with this application.

UNDERTAKING
BY THE AUTHORISED REPRESENTATIVE

We, as an organization, do hereby undertake and state that the information provided here for the nomination of 'Impact Awards' is absolutely correct and true to the best of our knowledge. We, as an organization, will be responsible for the information provided, if ever found to be incorrect and agree to accept by the decisions of the organizers.

Signature of the Authorised Representative
Designation
With Seal and Signature

Date:
Place:

UNDERTAKING
BY THE NOMINEE

I do hereby undertake and state that the information provided here for the nomination of 'Impact Awards' is absolutely correct and true to the best of my knowledge. I will be solely responsible for the information provided, if ever found to be incorrect and agree to accept by the decisions of the organizers.

Signature of the Nominee

Date:
Place: