

# THE GFILES STAR PSU FOR EXCELLENCE IN INNOVATION

## FORM FOR CATEGORY GF-1

Organization\*

Address\*

City\*

State\*

Pin\*

Telephone No.\*

Fax No.\*

Contact Person's Name\*

Contact Person's Designation\*

Mobile No.\*

Direct Line\*

Email Address\*(for all official communication)

Telephone No. with City Code\*

Name and Designation of the person signing the entry form

Name\*

Designation\*

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Particulars of the person who will accept the award in case declared a Winner

Name\*

Designation\*

Email\*

Mobile No.\*

Landline No.\*

Amount spent on R&D(INR)\*

Amount spent on Acquiring New Technology(INR)\*

Number of E-Governance Initiatives taken internally by the Organization\*

Number of New Products/Services or Versions Introduced\*

Number of National Awards Won\*

DECLARATION: I/We hereby declare that the above information is true. It is acknowledged that I/we have read the rules and regulations and all the conditions relating to the award and we accept them.