

STAR PSU / CMD/ MD/ CHAIRMAN - THE YEAR AWARD

FORM FOR CATEGORY GF-7

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.*

Candidate/Nominee's Name*

Designation*

Organization*

Date of Joining*

A. PROFESSIONAL DETAILS

Please mention the details in the table below starting from the current position. Please list the last five positions held in the present/ previous organization.*

Name of Organization	Designation	Function	From	To
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B. FUNCTIONAL ATTRIBUTES FOR THE GFILES – STAR PSU CMD OF THE YEAR

Fulfillment of MoU targets*

Increases in market share*

Changes in market capitalization*

Performance Management*

Introduction of efficient systems/BPR*

STAR PSU DIRECTOR - HUMAN RESOURCE AWARD

FORM FOR CATEGORY GF-10

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.