**Nomination Form**

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| --- | --- |
| Name of Nominee (Full Name) **\*** |  |
| Date of Birth (DD / MM / YYYY) **\*** |  |
| Registration Number at Kardan University **\*** |  |
| Address (residence) **\***  |  |
| Telephone Number **\*** |  |
| Email Address **\*** |  |
| Are you /Is this person a current student or a graduate of Kardan University? \* |  |
| Program Studied **\*** |  |
| Year of Graduation (If Alumni) **\*** |  |
| Area of Achievement **\*** |  | Academics |
|  | Leadership |
|  | Service |
|  | Impact |
| Describe why you / this individual should receive the Kardan University’s 40 Under 40 Award? **\*** |  |
| List the relevant background and education including any personal or professional experiences. Kindly indicate any awards, achievements or other related accomplishments. **\*** |  |
| Kindly offer two references who can verify the contents of this application form. **\*** | Name:Designation:Organization:Telephone:Email Address: |
| Name:Designation:Organization:Telephone:Email Address: |
| Your Contact Information **\***(if you are nominating someone else) | Full Name: Email Address: Telephone: Designation: Organization:  |