

OFFLINE NOMINATION FORM
CENTRAL BOARD OF PROFESSIONAL EXCELLENCE (CBPE)
A Unit of Lernow Skills Council

Applicants are required to complete this form in BLOCK LETTERS and submit along with supporting documents. Submission of this form does not guarantee approval or conferment of any recognition.

1.	Name of Applicant / Nominee	
2.	Father's / Mother's Name	
3.	Date of Birth	
4.	Gender	
5.	Address for Communication	
6.	Mobile Number	
7.	Email ID	
8.	Recognition / Honour Applied For	
9.	Professional Qualification	
10.	Organization / Institution Name	
11.	Designation / Role	
12.	Brief Description of Achievements	

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I understand that CBPE recognitions are professional, non-academic, and non-statutory in nature. I agree to abide by the rules, guidelines, and decisions of CBPE.

Place: _____

Date: _____

Signature of Applicant / Nominee

FOR OFFICE USE ONLY

Application ID	
Date of Receipt	
Fee Paid (■)	
Mode of Payment	
Remarks	