



ਪੰਜਾਬੀ ਯੂਨੀਵਰਸਿਟੀ, ਪਟਿਆਲਾ
(1961 ਦੇ ਪੰਜਾਬ ਐਕਟ ਨੰ. 35 ਤਹਿਤ ਸਥਾਪਤ)
(ਕਾਲਜ ਸੈਕਸ਼ਨ)

ਨੰ.: 1990 ਕਾਲਜ/ਜ.ਸ-5
ਮਿਤੀ 14/7/25

ਵੈੱਬ ਪੇਜ

ਯੂਨੀਵਰਸਿਟੀ ਨਾਲ ਸਬੰਧਿਤ
ਸਮੂਹ ਕਾਲਜਾਂ ਦੇ ਪ੍ਰਿੰਸੀਪਲ/ਡਾਇਰੈਕਟਰ/ਚੇਅਰਮੈਨ
ਸਾਹਿਬਾਨਾਂ ਨੂੰ

Sub: "BHARAT SHIKSHAN RATNA AWARDS-2025".

ਉਕਤ ਵਿਸ਼ੇ ਅਧੀਨ ਡੀਨ, ਕਾਲਜ ਵਿਕਾਸ ਕੌਂਸਲ ਵੱਲੋਂ ਹੋਏ ਆਦੇਸ਼ਾਂ ਅਨੁਸਾਰ
Chief Secretary, Dr. S. Radhakrishnan Teacher's Welfare Association ਵੱਲੋਂ ਈ.ਮੇਲ
ਰਾਹੀਂ ਪ੍ਰਾਪਤ ਪੱਤਰ ਆਪ ਨੂੰ ਜਾਣਕਾਰੀ ਅਤੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ ਜੀ।

ਸਹਾਇਕ ਰਜਿਸਟਰਾਰ (ਕਾਲਜਾਂ)

ਨੱਥੀ ਉਕਤ ਅਨੁਸਾਰ



DR.S.RADHAKRISHNAN TEACHER'S WELFARE ASSOCIATION

An All India Teachers' Welfare Organisation, established as per the provision under the Constitution of India

Ref. No. 07/BSRA/2025

Date: 10th June 2025

"BHARAT SHIKSHAN RATNA AWARDS - 2025"

OBJECTIVE: Recognising and awarding the dedicated teachers is one of the primary objectives of Dr.S.Radhakrishnan Teacher's Welfare Association; The "Bharat Shikshan Ratna Awards" are given to the dedicated teachers as a symbol of tribute and honor for the contribution made by them to the Society.

Dr.S.Radhakrishnan Teacher's Welfare Association is an All-India Teachers' Welfare Organisation, established as per the provision under the Constitution of India. It is affiliated to Indian & International Universities for educational development of Indian Teachers and educationalists.

PRESENTATION OF THE AWARD: The award will be given in the Award Ceremony, organised by the Association on "Teacher's Day" 5th September 2025 in Bangalore/Mumbai/Delhi/ Kolkata. However, the award will send you by a registered post, if you are unable to attend the programme.

ELIGIBILITY: The applicant should be the Associate Member of Dr.S.Radhakrishnan Teacher's Welfare Association and a Principal / Director / Managing Trustee (President/ Secretary /CEO/ MD), Professor / Asso.Professor/ Asst.Professor / Lecturer/ Teacher/ PE Teacher/ Librarian from a recognised educational institution and must have a good Academic Excellence, Discipline and Commitment to profession.

PLEASE NOTE: You can send the Associate Membership Application along with the Application for Bharat Shikshan Ratna Award, if you are not the associate member. You can download the application

from: https://www.allindiateacherswelfareassociation.org/bharat_shikshan_ratna_awards.php

RECOMMENDATION: The Awards will be given on the basis of recommendation. Your Institution's Head i.e. Principal / Director / Chairman / President / Secretary or an Authorised person can recommend you for the Award. (Please get the Signature with Office Seal of your recommender on Application)

LAST DATE TO APPLY: 16th July 2025

HOW TO APPLY: Please send the filled-in application (hard copy) by speed post, to:

Dr.S.Radhakrishnan Teacher's Welfare Association,
479, 3rd Floor, Opp. Indian High School, Kuvempu Road,
Jnanabharathi 2nd Stage, Bangalore-560056

Alternatively, please mail the soft copy of the application at: info.drsrtwa@gmail.com

PLEASE NOTE:

1. You will get a confirmation call soon after receiving your application.
2. The invitation for the award ceremony will send you well in advance by e-mail.

For more information:

E-mail: info.drsrtwa@gmail.com

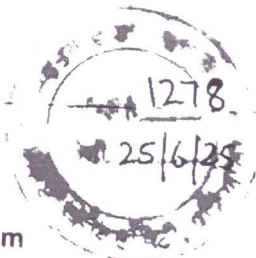
Call: 080-23396767, 022-26440077, 888 444 2407, 932 438 3167.

Please visit our website: www.allindiateacherswelfareassociation.org



Chief Secretary

Dr.S.Radhakrishnan Teacher's Welfare Association



दिनांक 25/6/25
4287
25/6/25
47725

P.T.O

Date: _____

To,
Dr. S. Radhakrishnan Teacher's Welfare Association,
479, 3rd Floor, Opp. Indian High School, Kuvempu Road,
Bangalore-560056

Please paste here
your recent
colour passport
size photo with
formal dress.
Don't staple &
don't fold.

Application for "BHARAT SHIKSHAN RATNA AWARD – 2025"

1. Name of the Applicant: _____
2. Associate Membership No. _____ Date: _____ State: _____
3. Name of the Working Institution with address: _____
_____ Pin Code: _____
4. Designation: _____ 4. Educational Qualification: _____
5. Date of Birth: _____ Age: _____ 6. Gender: _____ 7. Total Experience: _____
8. Full Address for Communication: _____

_____ Pin Code: _____
9. Mobile No.: _____ E-mail ID: _____
10. Name of the Recommender: _____
Designation: _____ Office Address: _____

_____ Pin Code: _____
- Mobile No.: _____ E-mail ID: _____

Remarks about the applicant (Additional sheets can be attached, if required):

Declaration: I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Signature with Office Seal of the Recommender

Signature of the Applicant