

NOMINATION FORM ASSOCIATE OF THE YEAR

Version No	1.0
Version Date	14-Jan-21

ASSOCIATE DETAILS					
Associate Name		Date of Joining			
Designation		Name of Project / Dept.			
In this Role Since		Nomination Period			

SL. NO.	CRITERIA	ACCOMPLISHMENT
01	Nominated for Star of the Quarter	
02	Consistently Exceptional Performance	
03	Initiatives Rolled out	
04	Learning	
05	Knowledge Sharing / Training Imparted	
06	Awareness and Adherence to Policies	
07	Process Compliance / Quality of Work	
08	Client Appreciation, if any	
09	Potential Shown for the next role, if any	
10	Participation in Team / Organizational activities	
11	Impact on Project / Customer / Organization	
12	Others, if any	

Nominated By	Designation	
Routed By	Designation	