

**APPLICATION FORM FOR CATEGORY XI UNDER THE
NATIONAL AWARD RULES**

BEST BRAILLE PRINTING PRESS

1. Name of the Organization :
2. Name of Braille Press Manager :
3. Address :
4. Telephonenumber :
5. Faxnumber :
6. E-mail :
7. Web-site address :
8. Establishment of the Braille Press:Month:
Year :
9. Braille Printing Capacity
(a) No.ofPrinters :
(b) Details ofeachPrinter :

S.No.	Type of printer	Speed (Characters per second)	Functional/ Non functional
1.			
2.			
3.			
4.			

10. Year-wise production by the Press (not including workout-sourced)

S.No.	Item	2015-16	2016-17	2017-18
1.	No. of titles by language (a) Hindi (b) English (c) Other languages (i) ii) Total			
2.	No. of volumes (copies)			
3.	No. of pages			
4.	No. of School Books			
5.	No. of tactile sketches, graphs, geometrical figures etc.			
6.	No. of volumes sold (a) Subsidized (b) Non-subsidized Total			

11. Financialstatus

Financial year	Expenditure	Sale proceeds	Profit/loss
2015-16			
2016-17			
2017-18			

Signature with
office seal Name
Designation

Date

Place

N.B.

- (a) Please include list of titles along with language and number of volumes sold.
- (b) Please enclose copies of Balance sheet and profit/loss account of the organization duly audited.

Signature, Name & Designation of the
Recommending authority with date