

National Sales Awards Entry Form



NOMINEE & COMPANY INFORMATION (All fields are Mandatory)

| | | | |
|----|---|--------------------------|----------------------------|
| 1. | Name of the Nominee: | | |
| 2. | Company & Designation: | | |
| 3. | Email ID: | 4. Mobile No: | |
| 5. | Nominated for category: (Please tick appropriate) | | |
| | Front Liner (FL) | <input type="checkbox"/> | Please Fill Section A only |
| | Sales Supervisor (SS) | <input type="checkbox"/> | |
| | Sales Executive (SE) | <input type="checkbox"/> | |
| | Territory Manager (TM) | <input type="checkbox"/> | |
| | RSM/ASM | <input type="checkbox"/> | Please Fill Section B only |
| | NSM/SM | <input type="checkbox"/> | |
| | Other Sales Support (Non-Executive/Executive) | <input type="checkbox"/> | |
| | Other Sales Support (Manager/Asst. Manager) | <input type="checkbox"/> | |

COORDINATOR'S INFORMATION

| | | | |
|----|-----------|---------------|--|
| 6. | Name: | | |
| 7. | Email ID: | 8. Mobile No: | |

***Note** – Each company should nominate a coordinator to notify/ communicate all nominees their respective details of dates and times for National Sales Awards 2023.

NATURE OF BUSINESS: (Please tick appropriate industry sector competing)

| | | | |
|-----------------------------|--------------------------|---|--------------------------|
| Alcohol & Tobacco | <input type="checkbox"/> | Industrial, Manufacturing & Energy | <input type="checkbox"/> |
| Automotive | <input type="checkbox"/> | Insurance – General | <input type="checkbox"/> |
| Corporate Sales | <input type="checkbox"/> | Insurance – Life | <input type="checkbox"/> |
| Consumer Durables | <input type="checkbox"/> | Healthcare & Pharmaceutical | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Shops & Showrooms (Chains & Standalone) | <input type="checkbox"/> |
| Banking | <input type="checkbox"/> | Media | <input type="checkbox"/> |
| Financial Service Providers | <input type="checkbox"/> | Modern Trade | <input type="checkbox"/> |
| FMCG – Food | <input type="checkbox"/> | Telecommunication | <input type="checkbox"/> |
| FMCG – Beverages | <input type="checkbox"/> | *** Other Industries (Sub Categories) IT & E Commerce <input type="checkbox"/> Real Estate & Constructions <input type="checkbox"/> Social selling <input type="checkbox"/> International/Export Sales <input type="checkbox"/> Logistics, <input type="checkbox"/> Ayurvedic products <input type="checkbox"/> Hospitality, <input type="checkbox"/> Other <input type="checkbox"/> | |
| FMCG – Cosmetics & Others | <input type="checkbox"/> | | |
| Fashion and Clothing | <input type="checkbox"/> | | |

Channel Preference

Modern Trade (MT) ☐ Yes ☐ No

*** Any subcategory of "other industries" or any above that receives a minimum of 15 applications and the participation of a minimum of 3 companies will be considered a main category, and winners will be selected separately.

Remarks

| |
|---------|
| Remarks |
|---------|

Section A**Nominee Code: (Only for Office Use)**09. Name of the
Nominee

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

(Appear in the Certificate)

10. Product/Service brands sold by the nominee:

11. No. of sales professionals reporting to the nominee:
(Under Each Level)

| FL | SE | SS | TM | Other | Total |
|----|----|----|----|-------|-------|
| | | | | | |

***Not applicable for Front Liners**

12. Total value of business under the nominees control: Rs.

13. Geographical area or customer segment assigned to the nominee:

14. Job functions – Please list the main job functions of the nominee

a.

b.

c.

15. Performance of the nominee for the calendar year ending 31st December, 2022 / 31st March, 2023

| Job function | % Achievement VS Target | % Achievement VS Last Year actuals |
|-----------------|-------------------------|------------------------------------|
| a) Sales volume | | |
| b) Sales value | | |

16. Special achievements of the nominee during last year (Why do you classify this nominee as a top performer in your organization?)

Declaration

I certify that,

- The information contained in this nomination form are true and accurate
- The nominee has been working in our organization for the entire period under review in the category in which he is nominated
- The organization will allow the nominee to participate in the interview process as well as the award ceremony

Name (Head of the Sales/HR/Marketing):

Designation:

Email Address:

Signature with the Seal:

Section B

Nominee Code: (Only for Office Use)

09. Name of the
Nominee

(Appear in the Certificate)

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

10. Product/Service brands sold by the nominee :

| 11. | General Trade | FL/Non Executive | SE/ Executive | TM/ Executive | RSM/ASM | SM/NSM | Other | Total |
|--|---------------|------------------|-----------------------------|-------------------|-----------------|----------------------|-------|-------|
| No. of sales professionals reporting to the nominee: (Under Each Level) | | | | | | | | |
| | Modern Trade | Merchandiser | Junior Executive/ Executive | Assistant Manager | Channel Manager | Head Of Modern Trade | Total | |
| | | | | | | | | |

12. (a) Total value of business under the nominees control: Rs.

(b) Value of business under Nominee as % of Total company business Volume:

13. Staff retention as % for period under review:

14. Other:

15. % of New Businesses for period under review :

16. Job functions – Please list the main job functions of the nominee

a.

b.

c.

17. Performance of the nominee for the calendar year ending 31st December, 2022 / 31st March, 2023

| Job function | % Achievement VS Target | % Achievement VS Last Year actuals |
|-----------------|-------------------------|------------------------------------|
| a) Sales volume | | |
| b) Sales value | | |

18. Special achievements of the nominee during last year (Why do you classify this nominee as a top performer in your organization?)

Declaration

I certify that,

- The information contained in this nomination form are true and accurate
- The nominee has been working in our organization for the entire period under review in the category in which he is nominated
- The organization will allow the nominee to participate in the interview process as well as the award ceremony

Name (Head of the Sales/HR/Marketing):
(In the case of SM/NSM, CEO/MD Should authorize)

Designation:

Email Address:

Signature with the Seal: