



THE INTERNATIONAL AWARDS SUMMIT 2025 - SINGAPORE

AWARD - NOMINATION CATEGORY

(Please choose the award by ticking the check box)

- | | |
|---|---|
| <input type="checkbox"/> INTERNATIONAL WOMEN'S GLORIA AWARD | <input type="checkbox"/> INTERNATIONAL WOMEN'S LEADERSHIP AWARD |
| <input type="checkbox"/> THE INTERNATIONAL ICONIC STAR AWARD | <input type="checkbox"/> INTERNATIONAL PRIDE AWARD |
| <input type="checkbox"/> GLOBAL EXCELLENCE IN LEADERSHIP AWARD | <input type="checkbox"/> GLOBAL PINNACLE AWARD |
| <input type="checkbox"/> GLOBAL ENTREPRENEURSHIP AWARD | <input type="checkbox"/> GLOBAL HEALTHCARE AWARD |
| <input type="checkbox"/> INTERNATIONAL INSTITUTIONAL AWARD | <input type="checkbox"/> GLOBAL INFLUENCER AWARD |
| <input type="checkbox"/> INTERNATIONAL EXCELLENCE IN INNOVATION AWARD | |

(Please choose the relevant category by ticking the check box)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Educationists | <input type="checkbox"/> Social Activists | <input type="checkbox"/> Engineers | <input type="checkbox"/> Scientists |
| <input type="checkbox"/> Journalists | <input type="checkbox"/> Sports person | <input type="checkbox"/> Counselors | <input type="checkbox"/> Celebrities |
| <input type="checkbox"/> Entrepreneurs | <input type="checkbox"/> Healthcare Prof | <input type="checkbox"/> Real Estate Prof | <input type="checkbox"/> Consultants |
| <input type="checkbox"/> Lawyers | <input type="checkbox"/> Authors/Writers | <input type="checkbox"/> Artists | <input type="checkbox"/> Institutions |
| <input type="checkbox"/> University | <input type="checkbox"/> College | <input type="checkbox"/> School | <input type="checkbox"/> Others |

PERSONAL INFORMATION

Name :

Place Of Birth : Date Of Birth :
D D M M Y Y

Address :

Status : Unmarried Married Gender : Male Female

Nationality : ZIP Code :

Profession : City :

E-Mail :

Contact No. : Passport No. :



**Educational
Qualification** :

**Working
Experience** :

**Major
Achievements** :

**Referral
Name / Code** :

(If more matter is to be added, it can be annexed to this application form as separate sheets)

DECLARATION

I declare that the particulars furnished above are true to the best of my knowledge and belief. I agree to the cancellation of my nomination if any of the details provided by me found to be false and not true. I, the awardee also has fulfilled the required eligibility or conditions for the award.

Date :

Place :

Signature of the Awardee

(Photograph)

The filled-in application can be sent to info@tiafusa.com