

NOMINATION FORM

COURSE NAME	VENUE	DATE					
		D	D	M	M	Y	Y

Note: You may use photocopies of this form. Please complete in capital letters. Strike off items not applicable. Nominations should be submitted at least 4 weeks prior to the course dates to host institute.

NOMINEES INFORMATION

1.	Name							
2.	Designation	Since(date)						
3.	Class I / II							
4.	Educational Qualification							
5.	Institute/Organization / Department							
6.	Scale of Pay							
7.	Date of Birth							Male / Female
8.	Address for communication (with Pin Code) e-mail address							
9.	Fax Number							
10.	Telephone Number Mobile Number E-mail address	(O) (R)						
11.	Brief Description of Duties of the Officer							
12.	Relevance of the Training Programme to the Officer							

(SIGNATURE OF THE CANDIDATE)

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SPONSORING AUTHORITY'S CONFIRMATION

1.	Name of sponsoring authority	
2.	Address for communication (with Pin Code)	
3.	E-mail Address	
4.	Telephone Number	
5.	Fax Number	
6.	Nominee's Name Male / Female	
7.	Nominee's Designation	
8.	How does the nominee's participation relate to the training and development plan and policy of the sponsoring authority?	
9.	Please give details of those you have sponsored for this course in the past, and any feedback you have taken from them on benefits to them and the organization	

Certified that:

- the particulars given above are correct.
- due care has been taken of the training needs of the officer nominated with reference to his present/ future duties viz-a-viz the contents of this course.
- The officers, if selected, will be relieved on full-time basis for attending the programme.

Date :

Place:

SIGNATURE OF THE SPONSORING AUTHORITY WITH SEAL