

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

(SIGNATURE OF THE CANDIDATE)

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## SPONSORING AUTHORITY'S CONFIRMATION

|    |   |  |
|----|---|--|
| 1. | Name of sponsoring authority  |  |
| 2. | Address for communication<br>(with Pin Code)  |  |
| 3. | E-mail Address  |  |
| 4. | Telephone Number  |  |
| 5. | Fax Number  |  |
| 6. | Nominee's Name<br><br>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**