

(Particulars to be filled in capital letters except e-mail ID)

1	Name of the Training Programme																		
2	Date																		
3	Name																		
4	Sex	☐	Male	☐	Female	☐	Others												
5	Date of Birth			D			D					Y		Y		Y		Y	
6	Date of Superannuation			D			D					Y		Y		Y		Y	
7	Designation																		
8	Date of entry*			D			D					Y		Y		Y		Y	
9	Date of entry into present grade*			D			D					Y		Y		Y		Y	
10	Name of office																		
11	Department/Organization																		
12	Group	☐	A	☐	B	☐	C	☐	D										
13	Service/Cadre																		
14	Contact details																		Mobile (Compulsory)
																			Whatsapp No.
																			Landline (Office/Residence)*
														E-mail*					
15	Whether this kind of training was attended earlier	☐	Yes	☐	No														
16	Whether residential accomodation is needed or not	☐	Yes	☐	No														

Hriattur Pawimawh : Dilna thehluh hian *ka training thei* tiin ngaiindan siam ngawt tur a ni lo. Training tura thlan te chu SMS/Whatsapp message/Phone Call/e-mailhmangin thlan (select) an ni tih hriattirna an dawng ngei ngei ang.

Signature :