

NOMINATION FORM

Particulars to be filled in capital letters.

Name of the Training Programme :

Date & Duration of the Training Programme :

- 1 Name :
- 2 Sex : ☐ Male ☐ Female ☐ Others
- 3 Date of Birth : D M Y Y Y
- 4 Designation :
- 5 Name of office :
- 6 Department/organization :
- 7 Group : ☐ A ☐ B ☐ C ☐ D
- 8 Service/Cadre :
- 9 Experience (in years) : ☐ Government Service ☐ Private/Public Sector
- 10 Contact details : Mobile
- Land line (Office/Residence)
- Fax
- E-mail

Signature