

108

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 D

M M

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 :

Landline (Office/Residence)

Mobile

Fax

E-mail

Signature :