

NOMINATION FORM

Course name	Venue	Date

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	Department/ Institute/organization	
4	Scale of Pay	
5	Date of birth	
6	Sex:	Male/Female
7	Category:	SC/ST/General/OBC
8	Address for communication (with Pin Code) e-mail address	
9	FAX Number	
10	Telephone Number, Mobile, e-mail address	
11	Relevance of the training programme to the officer	
12	Details of other "Training of Trainers (ToT)" Courses attended, with dates	

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Sponsoring Authority's Confirmation

1	Name of sponsoring authority	
2	Address for communication (with Pin Code)	
3	Telegraphic Address, e-mail	
4	Telephone Number	
5	Fax Number	
6	How does the nominee's participation relate to the training and development plan and policy of the sponsoring authority?	
7	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 organisation	

Certified that the given particulars are correct, the nomination is made after ascertaining the training needs of the nominee, and if selected the nominee will be relieved on full time basis for the programme.

Date

Signature & Seal of Sponsoring Authority