NOMINATION FORM FOR ALL THE PROGRAMMES

Sir, Ref.: You	ır Programme F	Ref. No.:						Da	ted:	
	•					cials/Sta	ff for particip	ation in t	he Technical Worksho	
							from	to		
S. No.	Name of Candidate			Office Add & Telephone No.			Residential Add & Tel. No.			
1.										
2.										
3.										
4.										
			Profile	of the sp	onsored	candid	ates_			
S. No.	Name of Candidate		ate	Designation		* Functional Discipline			** Hierarchical Level	
1.										
2.										
3.										
4.										
*	runctional discipline. Scientist-1, Personnel Management-2, Pinancial Management-3, Technociat-4, Vigilance-3, Leg									
**	 Hierarchical level : Top management level with decision making powers-1, Middle management level-2, Operating level Details of Sponsoring Authority 									
Name:				Details of	Sponsor	ing Auth	<u>iority</u>			
Design Name o	ation: of Organisat	ion:								
Address: Fax :							E-mail :			
Please at New		d Crossed De	emand Draf	t as noted	below in	favour o	of Centre for	Training	& Social Research	
DD NoDated			Drawn On			Ar	_Amount Rs			
Place : Date : Enclosures : - As above.					Signature : Designation :					
Name o	f	Org. ID No.		<i>OR OFFI</i> us Prg. N			Date of Co	nfirmation	Mode of Confirmation	
Organiz		Org. ID No.	Acpt. Stat	us Prg. N	o. Res./ Res.	INOU	Date of Co	ııııınation	ivioue of Confirmation	