

## GOVERNMENT OF INDIA MINISTRY OF SCIENCE & TECHNOLOGY DEPARTMENT OF SCIENCE & TECHNOLOGY TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI – 110016 TEL No. 011-26590349, 011-26590340

## **NOMINATION FORM**

TRAINING PROGRAMME, INSTITUTE
& DATE OF TRAINING

NAME Prof./Dr./Mr./Ms.	
DESIGNATION:	ORGANISATION:
DATE OF BIRTH	DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')
SEX (M/F)	PRESENT PAY AND PAY LEVEL:
CATEGORY	PAILEVEL:
(GEN /SC/ST/OBC	
<b>COMPLETE ADDRESS /</b>	
<b>CONTACT NUMBERS / E-MAIL</b>	

EDUCA	EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)				
SL. No.	YEAR	DEGREE	UNIVERSITY/INSTITUTE		

RESEARCH EXPERIENCE					
SL.NO. YEAR		TOPIC OF RESEARCH	SPONSORING AGENCY		

ATION	POST HELD	FROM	ТО
_			

-2-

TRAINI	TRAINING ATTENDED				
SL.NO.	YEAR	NAME OI	F THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION
	I	1	1.		
SPECIFIC AREA IN WHICH 2.					
SKILL UPGRADATION DESIRED2.3.					
			3.		

## **RECOMMENDATION BY THE CONTROLLING OFFICER**

## Signature of the Candidate

(SIGNATURE OF THE RECOMMENDING OFFICER) Name & Designation with Seal