



**GOVERNMENT OF INDIA**  
**MINISTRY OF SCIENCE & TECHNOLOGY**  
**DEPARTMENT OF SCIENCE & TECHNOLOGY**  
**TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI –**  
**110016**  
**TEL. NO. 011 – 26590363**

**NOMINATION FORM**

<b>TRAINING PROGRAMME, INSTITUTE &amp; DATE OF TRAINING</b>	
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<b>NAME</b> Prof./ Dr./ Mr./ Ms.			
<b>DESIGNATION</b>		<b>ORGANIZATION</b>	
<b>DATE OF BIRTH</b>		<b>DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')</b>	
<b>Sex (M/F)</b>		<b>PRESENT PAY AND PAY LEVEL</b>	
<b>CATEGORY</b> (GEN/SC/ST/OBC)			
<b>COMPLETE ADDRESS/CONTACT NUMBER/ E-MAIL</b>			

<b>EDUCATIONAL/PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)</b>			
<b>SL.NO.</b>	<b>YEAR</b>	<b>DEGREE</b>	<b>UNIVERSITY/INSTITUTE</b>



<b>TRAINING ATTENDED</b>				
<b>SL.NO.</b>	<b>YEAR</b>	<b>NAME OF TRAINING PROGRAMME</b>	<b>NAME OF THE INSTITUTE</b>	<b>DURATION</b>
<b>SPECIALIZED AREA IN WHICH SKILL UPGRADATION DESIRED</b>	1. 2. 3.			

**Signature of the Candidate**

**RECOMMENDED BY THE CONTROLLING OFFICER**

**(SIGNATURE OF THE RECOMMENDING OFFICER)**

**Name & Designation with Seal**