

Technology Bhawan, New Mehrauli Road, New Delhi - 110 016 Tel No.: 011-26524941, 011-26590340, Fax: 011-26864570, 011-26590340

NOMINATION FORM

TRAINING PROGRAMME, INSTITUTE			DATE OF T	RAINING
NAME				
DESIGNATION				
ORGANISATION				
DATE OF ENTRY IN GOVT.				
SERVICE				
	GENERAL SC	ST	OBC	
DATE OF BIRTH	S	EX MALE	FEMAL	E
PRESENT PAY		PAY LE	VEL	
COMPLETE ADDRESS				
(OFFICE)				
CONTACT DETAILS	PHONE (O)	PHONE (R)		MOBILE
E MAN				
E-MAIL				

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)

SL.No.	YEAR	EXAMINATION/DEGREE	UNIVERSITY/INSTITUTE

RESEARCH EXPERIENCE

SL.No.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY

EXPERIENCE / POSTINGS FROM LEVEL SCIENTIST 'B' ONWARDS

SL.No.	YEAR	NAME OF THE ORGANISATION	POST HELD	FROM	ТО

TRAINING ATTENDED

SL.No.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION

SPECIFIC AREA IN	1.
WHICH SKILL	2.
UPGRADATION DESIRED	3.

Recommendation By the Controlling Officer

Signature of the Candidate

Signature of the Recommending Officer) Name & Designation with Seal