

IN-SERVICE TRAINING NOMINATION FORM

Annexure -I

I. Particulars of the Candidate Nominated

- a) Name :
- b) Employee ID No. :
- c) Position Title :
- d) Place of Posting & Employing Agency :
- d) Date of Birth :
- g) Permanent Address :
- h) Documents verified (quote reference numbers) *
 - i) Original Security Clearance Certificate** :
 - ii) Original Audit Clearance Certificate** :
 - iii) Original Citizenship ID Card Number :
- i) Qualification :
- j) Date of Initial appointment in Civil Service :
- k) Date of appointment to the present position :

**** To be submitted only upon approval of training.**

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l) Present Job Description (state briefly)

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2
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3
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II. Details of Training to be undertaken

- a) Planned (quote slot number) or unplanned :
- b) Course Title/Field of Training :
- c) Institute and Location (Mention Country) :
- d) Course commencement and duration :
- e) Funding Agency :

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- 1. *For in-country short-term training, a candidate is not required to produce the documents.*
 - 2. *For ex-country short-term training, the original documents shall be retained with Agency.*

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III. Details of all Past Training (including Seminars/Study Tours/Workshops) (if the space provided is not sufficient, use a separate sheet). Please start with the last training attended.

Course Title	Institute & Location (Mention Country)	Date (dd/mm/yy)	Duration (months)	Funding Agency
i)				
ii)				
iii)				
iv)				

IV. Special achievements/research work done/extracurricular activities (mention briefly and enclose documentary evidence)

I hereby certify that the above information is correct to the best of my knowledge. I understand that I am liable for disciplinary actions by appropriate authorities in the event that they find the above information incomplete or incorrect.

(Signature of the Candidate)

V. Recommendations of the Agency. *The authorities countersigning this form shall be accountable and liable for disciplinary action in case information provided is incorrect.*

- i) Give reasons for nominating the particular candidate.**

- ii) Description of the use of this training to the Agency**

Place : Signature :
Date : Name & Designation of the Head of Department/Division :**

RECOMMENDED

Place : Signature :
Date : Name & Designation of the Head of the Agency :

****For Agencies that do not have Departments.**