

NOMINATION FOR TRAINING

DATE: _____

**NAME OF THE COURSE
NOMINATED FOR** : _____

DURATION (DATE) : FROM: _____ TO: _____

VENUE OF TRAINING COURSE : _____

RELEVANT DETAILS:

1. **BRANCH** : _____

2. **NAME** : _____

3. **DESIGNATION** : _____

4. **AGE/DOB** : _____

5. **EDUCATIONAL QUALIFICATION** : **X / XII / GRADUATION / PG**
(Tick Relevant)

6. **OTHER COURSES/DIPLOMA** : _____
(If Any)

7. **NUMBER OF COURSES
ATTENDED IN LAST 5 YEARS** : _____

8. **NAME, DATE & PLACE OF
COURSE LAST ATTENDED** : _____

9. **WILLINGNESS** : **YES / NO**
(Tick Relevant)

10. **RECOMMENDING OFFICER** : _____
(NAME, SIGN & SEAL)

11. **BRANCH HEAD** : _____
(NAME, SIGN & SEAL)
