



GOVERNMENT OF INDIA

MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY

TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI - 110 016

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NOMINATION FORM

TRAINING PROGRAMME, INSTITUTE & DATE OF TRAINING	
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NAME Prof./Dr./Mr./Ms.			
DESIGNATION :		ORGANISATION: LOCATION/MINISTRY/ DEPTT/GOVT.	
SEX (M/F)		PRESENT PAY AND GRADE PAY :	
DATE OF BIRTH		DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')	
COMPLETE ADDRESS/			

CONTACT NUMBERS / E-MAIL			
EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)			
SL.No.	YEAR	DEGREE	UNIVERSITY / INSTITUE

[illegible]

EXPERIENCE/POSTINGS FROM LEVEL SCIENTIST 'B' ONWARDS (IN GROUP 'A')				
SL. No.	NAME OF THE ORGANISATION	POST HELD	FROM	TO

TRAINING ATTENDED				
SL. No.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION
SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED				

RECOMMENDATION BY THE CONTROLLING OFFICER

Signature of the Candidate

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