



GOVERNMENT OF INDIA
MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY
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NOMINATION FORM

TRAINING PROGRAMME, INSTITUTE & DATE OF TRAINING	
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NAME Prof./Dr./Mr./Ms.			
DESIGNATION:		ORGANISATION:	
DATE OF BIRTH		PRESENT PAY AND GRADE PAY:	
SEX (M/F)		DATE OF ENTY IN GOVT. SERVICE (AS	
COMPLETE ADDRESS / CONTACT NUMBERS / E- MAIL			

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)			
SL. No.	YEAR	DEGREE	UNIVERSITY/INSTITUTE

RESEARCH EXPERIENCE			
SL.NO.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY

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	1. 2. 3.			

Signature of the Candidate

RECOMMENDATION BY THE CONTROLLING OFFICER

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