



**GOVERNMENT OF INDIA**  
**MINISTRY OF SCIENCE & TECHNOLOGY**  
**DEPARTMENT OF SCIENCE & TECHNOLOGY**  
**TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI – 110 016**  
**TEL No. 011-26590349, 011-26590340**

**NOMINATION FORM**

<b>TRAINING PROGRAMME, INSTITUTE &amp; DATE OF TRAINING</b>	
---	--

<b>NAME</b> Prof./Dr./Mr./Ms.			
<b>DESIGNATION:</b>		<b>ORGANISATION:</b>	
<b>DATE OF BIRTH</b>		<b>DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')</b>	
<b>SEX (M/F)</b>		<b>PRESENT PAY AND PAY LEVEL:</b>	
<b>CATEGORY (GEN /SC/ST/OBC)</b>			
<b>COMPLETE ADDRESS / CONTACT NUMBERS / E-MAIL</b>			

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

<b>RESEARCH EXPERIENCE</b>			
<b>SL.NO.</b>	<b>YEAR</b>	<b>TOPIC OF RESEARCH</b>	<b>SPONSORING AGENCY</b>

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

<b>TRAINING ATTENDED</b>				
<b>SL.NO.</b>	<b>YEAR</b>	<b>NAME OF THE TRAINING PROGRAMME</b>	<b>NAME OF THE INSTITUTE</b>	<b>DURATION</b>
<b>SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED</b>		<b>1.</b> <b>2.</b> <b>3.</b>		

*Signature of the Candidate*

**RECOMMENDATION BY THE CONTROLLING OFFICER**

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