



**GOVERNMENT OF INDIA
MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI – 110 016
TEL No. 011-26524941, 011-26590340, FAX – 011-26864570, 011-26590340**

NOMINATION FORM

| | |
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| 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 ENTRY IN GOVT. SERVICE (AS | |
| COMPLETE ADDRESS / CONTACT NUMBERS / E- MAIL | | | |

| EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS) | | | |
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| SL. No. | YEAR | DEGREE | UNIVERSITY/INSTITUTE |
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| RESEARCH EXPERIENCE | | | |
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| SL.NO. | YEAR | TOPIC OF RESEARCH | SPONSORING AGENCY |
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| EXPERIENCE / POSTINGS FROM LEVEL SCIENTIST 'B' ONWARDS (IN GROUP 'A') | | | | |
|---|--------------------------|-----------|------|----|
| SL.NO | NAME OF THE ORGANISATION | POST HELD | FROM | TO |
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| TRAINING ATTENDED | | | | |
|--|------|--------------------------------|-----------------------|----------|
| SL.NO | YEAR | NAME OF THE TRAINING PROGRAMME | NAME OF THE INSTITUTE | DURATION |
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| 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