

The Deputy Registrar, Academic Support, Indian Institute of Public Administration,  
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## NOMINATION FORM

1. Name of the Participant  
(IN BLOCK LETTERS) .....

2. Present Designation .....  
(with full official address) .....  
.....

Telephone Number .....  
(Off.)------(Res.)-----  
(Mobile)------(Fax)-----

E-mail ID .....

3. Residential Address .....

4. Date of Birth .....

5. Educational Qualification .....

6. Department where at .....  
present working

7. Working Experience .....

8. Whether Hostel Accommodation Yes/No  
is needed

DATE:-----

Signature and Designation of the  
Nominating Authority