ADMINISTRATIVE TRAINING INSTITUTE

NOMINATION FORM FOR TRAINING PROGRAMMES

1.   Title of the Course   : _____

2.   Name of Nominee (in Block)   : _____

3.   Name of the Course and Date   : _____ [   ]

4.   Designation   : _____

5.   Address of the Office where working   : _____

6.   Length of service in the Grade   : _____

7. Training already attended   :

 1) _____

 2) _____

 3) _____

 4) _____

 5) _____

8. Computer Knowledge   : _____

Place: _____

Date: [_____]

                                              Signature of Nominee

                           Phone [_____] (O) [_____] (R)