

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH  
KRISHI BHAVAN: NEW DELHI-1**

F.No./ADMN/7/88/2017-WS

Dated the 10 Aug., 2017.

**OFFICE MEMORANDUM**

**Subject: Workshop for Liaison Officer for SCs/STs from 02.11.2017 to 03.11.2017 at ISTM, New Delhi.**

The Institute of Secretariat Training & Management, New Delhi has invited nominations for **Workshop for Liaison Officer for SCs/STs to be conducted by ISTM from 02.11.2017 to 03.11.2017 at ISTM, New Delhi.** The details of the Programme are as under:-

**Aim of the Programme:**

1. To sensitize the Liaison Officers with their role, duties, responsibilities and powers
2. To impart the knowledge and skills for implementation of instructions relating to reservation for SCs/STs/OBCs in their respective Ministries and attached and subordinate offices with special emphasis on maintenance of reservation rosters.
3. To be fully competent for taking charge for the Reservation Cell in their respective ministries.
4. Other functions as deemed necessary for discharging the duties efficiently.

**Broad Contents of the Course:**

1. Constitutional provisions relating to reservation in service, definition in respect of SCs/STs/OBCs.
2. Scope and applicability of reservation orders.
3. Role and functions of Liaison Officers and other monitoring agencies;
4. Provisions relating to verification claims of SCs, STs, and OBCs;
5. Reservation in Direct Recruitment and Promotion Cases; and
6. Post based rosters.

**Eligibility:**

The course is designed exclusively for Liaison Officers dealing with matters of reservation in services for SCs/STs **(Only Liaison Officers are eligible to apply)**

The Officers, who are desirous to attend the said workshop may send their nomination in the enclosed nomination form through proper channel latest by **01.09.2017** for onward transmission to ISTM, New Delhi.

The Officers who have already attended this training course need not apply. The applicants will not be allowed to withdraw their nominations after acceptance by ISTM, New Delhi.

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**Distribution:-**

1. All the Directors of ICAR Institutes/NRCs / PDs/Bureaux through ICAR web-site only.
2. ISO, DKMA, KAB for uploading the same on the ICAR website
3. Guard File.

# NOMINATION FORM

Annexure-II

Please read the instructions provided on Page No.-3 before filling up the Nomination form: -

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_

Date: From \_\_\_\_\_ to \_\_\_\_\_

1.	Name in English:	First*	Middle	Last*
	Name in Hindi:			
2.	Father's / Spouse's Name:			
3.	Service / Cadre & Grade/Rank*:	4.	Date of joining / last promotion:	
5.	Pay Band:	6.	Grade Pay / Scale of Pay:	
7.	Gender:	8.	Date of Birth*:	
9.	Organisation Name*:	10.	Organisation Type*:	
11.	Organisation Street Address*:	12.	Organisation City*:	
13.	Organisation State*:	14.	Pin Code*:	
15.	Organisation Email*:	16.	Organisation Phone*:	
17.	Residence Street Address*:	18.	Residence City*:	
19.	Residence State:	20.	Pin Code*:	
21.	Personal Email*:	22.	Personal Phone*:	
23.	Category*: (SC/ST/OBC/GEN)	24.	Emergency Contact Details*:	
25.	Educational Qualification*:			
26.	Service to which belongs*:			

**27. Brief Service Particulars:**

S. No.	Post Name	From	To	Scale of Pay	Nature of Duty

28.	Whether fulfils eligibility conditions* ( <input checked="" type="checkbox"/> -applicable option):	Yes <input type="checkbox"/> / No <input type="checkbox"/>
29.	Whether Hostel Accommodation is required* ( <input checked="" type="checkbox"/> -applicable option):	Yes <input type="checkbox"/> / No <input type="checkbox"/>

30.	How the training is likely to benefit the nominee as well as the organisation (in 2 lines)*:	
31.	Details of earlier applications for the same course*:	
32.	Previous courses attended at ISTM (with dates in bracket)*:	

I certify that the above information is correct:

Signature of the Nominee  
(With Date & Seal)

### TO BE FILLED IN BY THE SPONSORING AUTHORITY

It is certified that the particulars given above are correct. The officer will be relieved for training, if selected and in no case will be withdrawn in between from the course. The prescribed Capitation Fee and other charges as applicable will be paid to ISTM for this course.

Details of the Sponsoring Authority (All fields are mandatory)\*:

Name:	
Designation:	
Complete Postal Address (with Pin code):	
Telephone Number (with code):	
Fax Number (with code):	
Signature with Office seal:	