

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

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

Dated the 29 September, 2017.

**OFFICE MEMORANDUM**

**Subject:** Three days' Workshop on "Microsoft Office-Power point" for Officers/Officials to be conducted from 18.12.2017 to 20.12.2017 at ISTM, New Delhi.

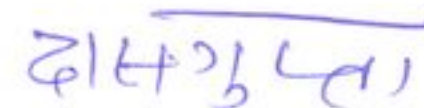
The Institute of Secretariat Training and Management (ISTM), New Delhi has invited nominations for the **Workshop on MS-Power Point for Officers and Staff from 18.12.2017 to 20.12.2017 at ISTM, New Delhi**. Details of the Programme are as under:-

**Aim of the Course:** To develop the skills required for working on MS-Power Point.

**Eligibility Conditions:** Officers & Staff

The Officers who are desirous to attend the said Training Course may send their nomination in the enclosed nomination form through proper channel latest by **16.10.2017** 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 Officers/Sections of ICAR Hqrs, KB/KAB-I & II/NASC through web-site only
2. All the Directors of ICAR Institutes/NRCs / PDs/ Bureaux through web-site only.
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# NOMINATION FORM

Annexure-II

Course Title:

Course Code:

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

1.	Name:	First*	Middle	Last*
	Name in Hindi:			
2.	Father's / Husband's Name:			
3.	Designation*:		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.	Residence Email*:		22.	Residence 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*:	Yes / No
29.	Whether Hostel Accommodation is required*:	Yes / No

30.	How the training is likely to benefit the nominee as well as the organisation (in 2 lines)*:	
31.	Previous courses attended at ISTM (with dates in bracket)*:	

I certify that the above information is correct:

Signature of the Nominee\_\_\_\_\_

### TO BE FILLED IN BY THE SPONSORING AUTHORITY

It is certify 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:	