

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

F.No.ADMN/ 7 / 94 / 2017-WS

Dated the 25 September, 2017

OFFICE MEMORANDUM

Sub: **Workshop on "E-Office" from 16.11.2017 to 17.11.2017 at ISTM, New Delhi.**

Institute of Secretariat Training & Management, New Delhi has invited nomination for Workshop on "E-Office" being conducted by ISTM from 16.11.2017 to 17.11.2017 at ISTM, New Delhi.

The details of the Workshop are as under:-

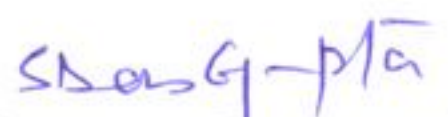
**Aim of the Programme:**

To facilitate the participants on E-Office.

**Eligibility:** Assistant, Section Officers and above level officers and their equivalent level officers.

The Officers/officials who are desirous to attend the said workshop may send their nomination in the enclosed nomination form through proper channel latest by **09.10.2017** for onward transmission to ISTM, New Delhi. **The nomination may not be sent directly to ISTM until it is approved by the Council.**

The Officers/officials 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.

  
(Suparna Dasgupta)  
Under Secretary(WS)  
Fax No.23387293

E-mail ID: suparna.icar@nic.in

**Distribution:**

1. All Officers/Sections of ICAR Hqrs, KB./KAB-I&II/NASC through web-site.
2. All the Directors of ICAR Institutes/NRCs / PDs/Bureaux through web-site.
3. ISO, DKMA, KAB for uploading the same on ICAR web-site.
4. Guard File

# 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:	