

Himachal Institute of Public Administration, Fairlawns, Shimla-171012

Nomination Form

- 1. Programme Title :
- 2. Name of the Institute : H. P. Institute of Public Administration, Fairlawns, Shimla-171012
- 3. Venue
- 4. Programme Dates
- 5. SC/ ST/ OBC/ OTHERS
- 6. Date of birth
- 7. Designation
- 8. Pay Scale
- 9. Basic Pay
- 10. Academic Qualification
- 11. Professional Qualification
- 12. Address for Communication with PIN code

Phone (Office)
(Res.)
FAX No.

13. Brief Description of Duties of the Officer

(Signature of the Candidate)

TO BE FILLED IN BY THE SPONSORING AUTHORITY :

Certified that:

- a) The particulars given above are correct.
- b) Due care has been taken of the training needs of the officer nominated with reference to his present/ future duties viz-a-viz the contents of this course.
- c) The officers, if selected, will be relieved on full-time basis for attending the programme.

ADDRESS OF COMMUNICATION TO SPONSORING ORGANISATION

PIN PHONE FAX GRAMS

(Signature of the Sponsoring Authority with Seal)

Reference No. Of Sponsoring Authority:

Place

Date: