

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: