Dr. MCR Human Resource Development Institute of Telangana

(http://www.mcrhrdi.gov.in)

NOMINATION FORM

1. Programme Name:
   (Mention the Programme for which Nomination is being sent)

2. Programme Date       From:               To:

3. Name of the Candidate:
   (Capital letters)

4. Designation:

5. Department:

6. Date of Birth:

7. SC/ST/OBC/Others:

8. Basic Pay/Scale of Pay:

9. Academic Qualifications & Professional Qualifications:

10. No. of Years of Service in Govt.,

11. Experience Profile:

12. Address for Communication (Office):

Fax(0):        Phone No.(O)        (Mobile No.)        (Email-ID)

Signature of the Candidate

TO BE FILLED IN BY THE NOMINATING AUTHORITY TO RECEIVE CONFIRMATIONS (Mandatory)

1) Name:
2) Address:
3) Office Phone No:
4) Fax No:
5) Email-ID:

Certified that:

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

Signature of the Nominating Authority with Seal

Dr. MCR HRD Institute of Telangana, Road No.25, Jubilee Hills, Hyderabad