

**INDIAN COUNCIL OF AGRICULTURAL RESEARCH  
KRISHI BHAVAN: NEW DELHI-01**

F.No.ADMN/ 7190 /2017-WS

Dated the 18 August, 2017.

**OFFICE MEMORANDUM**

**Subject: Workshop on "E-Office-01" from 12<sup>th</sup> to 13<sup>th</sup> October, 2017 at ISTM, New Delhi,**

The Deputy Director & Course Director, Institute of Secretariat Training & Management, New Delhi has invited nominations for Workshop on "E-Office-01" from 12<sup>th</sup> to 13<sup>th</sup> October, 2017 at ISTM, New Delhi. The details of the programme are as under:-

**Aim of the Programme:**

To facilitate the participants on E-Office.

**Eligibility:**

Section Officers/ or Equivalent level and above Officers.

**Course fee:**

**Rs.2000/- (Rupees Two thousand only) per participant.**

The Officers, who are desirous to attend the said workshop may send their nomination in the enclosed nomination form through proper channel latest by **30.08.2017** 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.

*Suparna Dasgupta*  
(Suparna Dasgupta)  
Under Secretary (WS)  
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**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 ICAR web-site.
3. ISO, DKMA, KAB for uploading the same on the ICAR website
4. Guard File.

*Under Secretary (WS)*  
Under Secretary (WS)

# **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

<b>28.</b>	<b>Whether fulfils eligibility conditions*:</b>	<b>Yes / No</b>
<b>29.</b>	<b>Whether Hostel Accommodation is required*:</b>	<b>Yes / No</b>

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

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)\*:**

<b>Name:</b>	
<b>Designation:</b>	
<b>Complete Postal Address (with Pin code):</b>	
<b>Telephone Number (with code):</b>	
<b>Fax Number (with code):</b>	
<b>Signature with Office seal:</b>	