

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

F.No.ADMN/7/124/2017-WS

Dated the / 6 November, 2017.

OFFICE MEMORANDUM

Subject: **Workshop for Liaison Officer for SC/ST-WLO(SC/ST) at ISTM, New Delhi.**

ISTM, New Delhi is going to organize two days workshops (02 days each) for Liaison Officer for SC/ST-WLO(SC/ST) at ISTM, New Delhi during January, 2018 and February, 2018. The details of these workshops are given as under:-

Name of the Programme	Programme dates	Last Date for accepting nomination by the Council
Workshop for Liaison Officer for SC/ST-WLO(SC/ST)	08-09 January, 2018	24.11.2017
Workshop for Liaison Officer for SC/ST-WLO(SC/ST)	15-16 February, 2018	29.12.2017

Aim of the Programme:

- To sensitize the Liaison Officers with their role, duties, responsibilities and powers.
- To impart the knowledge and skills for implementation of instructions relating to reservation for SCs/STs/OBCs in their respective Ministries and attached and subordinate offices with special emphasis on maintenance of reservation rosters.
- To be fully competent for taking charge for the Reservation Cell in their respective ministries.
- Other functions as deemed necessary for discharging the duties efficiently.

Broad Contents of the Course:

- Constitutional provisions relating to reservation in service, definition in respect of SCs/STs/OBCs.
- Scope and applicability of reservation orders.
- Role and functions of Liaison Officers and other monitoring agencies;
- Provisions relating to verification claims of SCs, STs, and OBCs;
- Reservation in Direct Recruitment and Promotion Cases; and
- Post based rosters

Eligibility: The course is designed exclusively for Liaison Officers dealing with matters of reservation in services for SCs/STs/OBCs (Only Liaison Officers need apply)

The Officers who are desirous to attend the said Training Course may send their nominations to the Council in the enclosed nomination form through proper channel for onward transmission to ISTM, New Delhi.

Nominations sent online directly to the ISTM, New Delhi will not be entertained by the Council under any circumstances. Only those officials whose nominations are approved by the Council will be informed in due course to apply online to ISTM. Their participation in the said workshop will however be subject to the acceptance of their nominations by ISTM.

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)
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 only)
2. All the Directors of ICAR Institutes/NRCs / PDs/Bureaux (through web-site only)
3. DKMA, KAB-I, Pusa for uploading the same on the ICAR website
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:	