

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

F.No.ADMN/7/ 70/2017-WS

Dated the 29 November, 2017.

OFFICE MEMORANDUM

Subject: Workshop on Analysis of Financial Statement for Section Officers or equivalent and above level officers from **08.01.2018 to 09.01.2018** at ISTM, New Delhi.

Institute of Secretariat Training & Management, New Delhi has invited nominations for the Workshop on Analysis of Financial Statement for Section Officers or equivalent and above level officers from **08.01.2018 to 09.01.2018** at ISTM, New Delhi. The details of the Programme is as under:-

Objectives of the Workshop: To equip the participants with the ability to understand Financial Statements and analyze them.

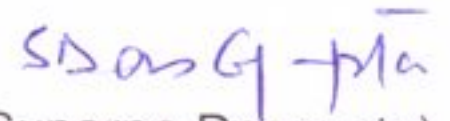
Eligibility: Section Officers or equivalent or above level officers.

The Officers who are desirous to attend the said Training Course may send their nomination in the enclosed nomination form through proper channel latest by **04.12.2017** for onward transmission to ISTM, New Delhi.

Officers who had applied earlier for the course scheduled for 9th and 10th October, 2017, circulated vide Council's O.M. of even number dated 14.07.2017, need not apply afresh. However, they should ensure to send approval of their competent authority for the revised dates

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.

Those who have already attended this workshop need not apply. The applicants will not be allowed to withdraw their nominations after acceptance by ISTM, New Delhi.


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Under Secretary(WS)
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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:	