

NORMINATION FORM FOR S.S.C.P

1. Programme Title :
2. Name of the District :
3. Venue :
4. Programme Date :
5. Name of the Candidate :
- (in capital)
6. SC/ST/BC/OTHERS :
7. Date of Birth :
8. Designation :
9. Pay Scale :
10. Basic Pay :
11. Academic Qualification :
12. Professional Qualification :
13. Training already attended at ATI, Aizawl :
15. Computer Knowledge :

Phone No: Office _____ Residence _____

BRIEF DESCRIPTION OF DUTIES OF THE OFFICER

Signature

TO BE FILLED IN BY THE SPONSORED AUTHORITY

Certified that

- (a) The particular given above are correct
- (b) Due care has been taken of the training needs of the officer nominated with reference to this/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 & Seal of
Controlling Authority