



No. A.33049/1/2013-ISTM(WNTP)
GOVERNMENT OF INDIA
INSTITUTE SECRETARIAT TRAINING & MANAGEMENT
DEPARTMENT OF PERSONNEL & TRAINING
ADMINISTRATIVE BLOCK, JNU CAMPUS (OLD)
OLOF PALME MARG, NEW DELHI-110067

Dated the 13th June 2013

To

1. All Central Ministries/Departments
2. Head of the Departments, All Attached/Subordinate Offices
3. Chief Secretaries of all States/Union Territories
4. All Central/National/State Training Institutions
5. All Public Sector Undertakings

**Sub: Two days Workshop on National Training Policy (WNTP-4)
to be held from August 5 to 6, 2013 at ISTM, New Delhi.**

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Sir,

This Institute will be conducting a two days "Workshop on NATIONAL TRAINING POLICY-2012" (WNTP-4) from August 5 to 6, 2013.

2. Details about the Workshop, eligibility criteria etc. is available at the Course Information Sheet, appended as Annexure-I. The Nomination Form for applying to this course is at Annexure-II. It is requested that nomination of eligible and interested candidates may please be forwarded to the undersigned, **latest by 3rd July, 2013.** **The Nomination may be preferably sent by e-mail to manisha@nic.in OR Fax No.26104183.**

3. Only such candidates whose nominations are accepted for the Workshop by Institute of Secretariat Training & Management, would be allowed to join the course. It is, therefore, reiterated that **nominees should be relieved only after receipt of acceptance letter from the Institute.**

4. ISTM has a modest hostel facility where AC rooms are available on twin sharing basis, Participants are advised to contact Hostel Warden (Tel No. 26177058) or Caretaker (Tel No. 26172571) for hostel accommodation.

Encl: Annexure I & II

Yours faithfully,

(Manisha Bhatnagar)
Deputy Director &
Course Coordinator
TEL. 26175590
TELEFAX: 26104183
e-mail: manisha@nic.in

WORKSHOP INFORMATION SHEET

TITLE:	Workshop on National Training Policy -2012 (WNTP-4)
COURSE CODE:	WNTP
DURATION:	Two days (from August 5-6, 2013)
ELIGIBILITY:	<ul style="list-style-type: none">• Training Managers/middle level officers of Ministries/Departments of Central and State Governments and its attached and subordinate offices.• Trainers of Central/State Training Institutions• HRD Personnel
OBJECTIVE OF THE COURSE:	<ol style="list-style-type: none">1) Describe the salient features of National Training Policy, 20122) Describe competency framework.3) Describe Strategic Human Resource Management system4) Explain the Role of Ministries / Departments / Organizations and Role of Training Institutes5) Analyse the implication of the various provisions of the National Training Policy, 20126) Prepare Action Plan for operationalization
TRAINING METHODS:	<ul style="list-style-type: none">• Group Exercises• Discussions• Presentations by participants
LAST DATE FOR SENDING NOMINATION FORM	July, 3rd 2013
TO WHOM THE NOMINATION FORM IS TO BE SENT	Smt. Manisha Bhatnagar, Joint Director, ISTM, Administrative Block, JNU(Old) Campus, New Mehrauli Road, New Delhi -110067.

NOMINATION FORM

Annexure-II

Please read the instructions provided on Page No.-3 before filling up the Nomination form: -

Course Title: _____ Course Code: _____

Date: From _____ to _____

1.	Name in English:	First*	Middle	Last*
	Name in Hindi:			
2.	Father's / Spouse's Name:			
3.	Service / Cadre & Grade/Rank*:		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.	Personal Email*:		22.	Personal 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* (<input checked="" type="checkbox"/> -applicable option):	Yes <input type="checkbox"/> / No <input type="checkbox"/>
29.	Whether Hostel Accommodation is required* (<input checked="" type="checkbox"/> -applicable option):	Yes <input type="checkbox"/> / No <input type="checkbox"/>

30.	How the training is likely to benefit the nominee as well as the organisation (in 2 lines)*:	
31.	Details of earlier applications for the same course*:	
32.	Previous courses attended at ISTM (with dates in bracket)*:	

I certify that the above information is correct:

Signature of the Nominee _____
(With Date & Seal)

TO BE FILLED IN BY THE SPONSORING AUTHORITY

It is certified 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:	

INSTRUCTIONS TO FILLUP THE NOMINATION FORM

Fields with * are mandatory.

1. Provide your full name in English & Hindi (optional).
2. Provide your Father's Name / Spouse's Name.
3. Provide your Service / Cadre type along with your Grade/Rank.
 - a) **CSS & Equivalent Service:** Joint Secretary / Director / Deputy Secretary / Under Secretary / Section Officer / Assistant.
 - b) **CSSS & Equivalent Service:** Executive PPS / Senior PPS / PPS / PS / PA / Steno-C / Steno-D.
 - c) **CSCS & Equivalent Service:** UDC / LDC.
 - d) **AIS:** Secretary / Special Secretary / Additional Secretary / Joint Secretary / Director / Deputy Secretary / Under Secretary.
 - e) **Indian Army:** General / Lt. General / Major General / Brigadier / Colonel / Lt. Colonel / Major / Captain / Lieutenant.
 - f) **Indian Navy:** Admiral / Vice Admiral / Rear Admiral / Commodore / Captain (IN) / Commander / Lt. Commander / Lieutenant (IN) / Sub Lieutenant.
 - g) **Indian Air force:** Air chief Marshal / Air Marshal / Air Vice Marshal / Air Commodore / Group Captain / Wing Commander / Squadron Leader / Flight Lieutenant / Flying Officer
 - h) **Other:** If any Grade/Rank other than the above mentioned option, please provide the details.
4. Provide your Date of joining / last promotion (DD-MM-YYYY).
5. Provide your Pay band.
6. Provide your Grade Pay / Scale of Pay.
7. Provide your Gender (Male / Female)
8. Provide your Date of Birth (DD-MM-YYYY).
9. Provide your Organisation Name.
10. Provide your Organisation Type (Ministry / Department / PSU / Defence / Constitutional and Statutory Bodies / CAB / NGO / Foreign / others).
11. Provide your Organisation street name.
12. Provide your Organisation City name.
13. Provide your Organisation State name.
14. Provide your Organisation area PIN Code.
15. Provide your Organisation Email ID.
16. Provide your Organisation phone number with area code.
17. Provide your Residence street name.
18. Provide your Residence City name.
19. Provide your Residence State name.
20. Provide your Residence area PIN Code.
21. Provide your personal Email ID.
22. Provide your personal phone/mobile number with area code.
23. Provide your Category (SC / ST / OBC / GEN).
24. Provide any Emergency Contact details (Phone / Mobile number).
25. Provide your Educational Qualification (from Higher to Lower).
26. Provide your Service to which belongs.
27. Provide your brief Service particulars as per the details provided in the column.
28. Tick 'Yes' if eligible, else 'No'.
29. Tick 'Yes' if Hostel accommodation required else 'No'.
30. Provide short description about the benefit of this training for individual and Organisation.
31. Provide the details of your earlier applications for the same course.
32. If any courses attended at ISTM previously, then provide the course name & date, else write 'No'

***** ALL THE BEST *****