

Himachal Institute of Public Administration, Fairlawns, Shimla-171012

**Nomination Form**

1. Programme Title :  
2. Name of the Institute : H. P. Institute of Public Administration,  
Fairlawns, Shimla-171012  
3. Name of Participant :  
4. Mobile No.  
5. Programme Dates :  
6. SC/ ST/ OBC/ OTHERS :  
7. Date of birth :  
8. Designation :  
9. Pay Scale :  
10. Basic Pay :  
11. Academic Qualification :  
12. Professional Qualification :  
13. Address for Communication with PIN code :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone (Office) \_\_\_\_\_  
(Res.) \_\_\_\_\_  
FAX No. \_\_\_\_\_

14. Brief Description of Duties of the Officer :

**( Signature of the Candidate )**

**TO BE FILLED IN BY THE SPONSORING AUTHORITY :**

Certified that:

- a) The particulars given above are correct.  
b) Due care has been taken of the training needs of the officer nominated with reference to his present/ future duties viz-a-viz the contents of this course.  
c) The officers, if selected, will be relieved on full-time basis for attending the programme.

ADDRESS OF COMMUNICATION TO SPONSORING ORGANISATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

(Signature of the Sponsoring Authority with Seal)

Reference No.

Sponsoring Authority

Place:

Date: