

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 – 171 012.
3. Venue :
4. Programme Dates :
5. SC/ ST/ OBC/ OTHETS :
6. Date of birth :
7. Designation :
8. Pay Scale :
9. Basic Pay :
10. Academic Qualification :
11. Professional Qualification :
12. 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 _____ GRAMS _____

(Signature of the Sponsoring Authority with Seal)

Reference No. of
Sponsoring Authority
Place :
Date :