## ADMINISTRATIVE TRAINING INSTITUTE NOMINATION FORM FOR GOVT. SERVANT

(Particulars to be filled in capital letters)

1.	Name of the Training Programme	:										
2.	Name	:										
3.	Sex	:	Male			Female			Others			
4.	Date of Birth	:	D	D		Μ	Μ	]	Y	Y	Y	Y
5.	Date of Superannuation	:	D	D		Μ	Μ		Y	Y	Y	Y
6.	Designation	:										
7.	Date of Entry	:	D	D		Μ	Μ	]	Y	Y	Y	Y
8.	Date of entry into Present grade	:	D	D		Μ	Μ	]	Y	Y	Y	Y
9.	Method of Recruitment whether by	:	Direct		Regula	risation	Abso		rption		Others	
			Confirmed			r			1			
10.	Whether confirmed or not	:	C	onfirme	ed		Not	t confirr	ned			
	Whether confirmed or not Name of Office	:	C	onfirme	ed		Not	t confirr	ned			
11.		:	C	Confirme	ed		Not	t confirr	ned			
11. 12.	Name of Office		A	ionfirme	B	 	Not	t confirr	D			
11. 12. 13.	Name of Office Department/Organization	:		onfirme		 	[	t confirr				
<ol> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Name of Office Department/Organization Group	:					[	t confirr		Landl	ine, if a	ny
<ol> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Name of Office Department/Organization Group Service/Cadre	: : :					[	t confirr		Landl	ine, if a	ny
<ol> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Name of Office Department/Organization Group Service/Cadre Contact details	: : :	A		В		C	t confirm			ine, if a	ny

## Important Note :

1. Submission of nomination should not be regarded as final selection. Selected candidates will be informed of their selection through SMS/Whatsapp message/Phone Call.

2. Nomination form need no official forwarding letter from the Office/Department.