



सत्यमेव जयते

GOVERNMENT OF INDIA
MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI – 110 016
TEL No. 011-26524941, 011-26590340, FAX – 011-26864570, 011-26590340

NOMINATION FORM

TRAINING PROGRAMME, INSTITUTE & DATE OF TRAINING	
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NAME Prof./Dr./Mr./Ms.			
DESIGNATION:		ORGANISATION:	
DATE OF BIRTH		PRESENT PAY AND GRADE PAY:	
SEX (M/F)		DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')	
COMPLETE ADDRESS / CONTACT NUMBERS / E- MAIL			

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)			
SL. No.	YEAR	DEGREE	UNIVERSITY/INSTITUTE

RESEARCH EXPERIENCE			
SL.NO.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY

Contd/.....2

EXPERIENCE / POSTINGS FROM LEVEL SCIENTIST 'B' ONWARDS (IN GROUP 'A')				
SL.NO	NAME OF THE ORGANISATION	POST HELD	FROM	TO

TRAINING ATTENDED				
SL.NO	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION

SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED	
	1. 2. 3.

Signature of the Candidate

RECOMMENDATION BY THE CONTROLLING OFFICER

(SIGNATURE OF THE RECOMMENDING OFFICER)
Name & Designation with Seal

N.B. : Mail this form to the concerned Training Institute under intimation to the Under Secretary (Training), DST at trngcell.dst@nic.in