

## NOMINATION PROFORMA

DATE : .....

TITLE OF TRAINING PROGRAMME : .....

DURATION : .....

**PERSONAL DETAILS:**

NAME OF THE CANDIDATE : .....

DESIGNATION : .....

COMPLETE OFFICE

POSTAL ADDRESS : .....

.....

CONTACT NO. : ..... EMAIL ID : .....

AADHAR NO. : .....

ACCOMMODATION REQUIRED IN CRRI GUEST HOUSE DURING TRAINING : YES/NO

(If yes, please send travel plan)

From Date : DD / MM / YEARTo Date : DD / MM / YEAR

GENDER :

 MALE FEMALE**DETAILS OF SPONSORING ORGANISATION :**

NAME : .....

POSTAL ADDRESS : .....

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GST NO. (IN CASE OF SPONSORED) :

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EMAIL ID. : .....

**DETAILS OF PAYMENT (COURSE FEE) :**

1. TRANSACTION REF. NO. : .....

2. DATE OF TRANSACTION : .....

3. AMOUNT OF COURSE FEE : .....

**SIGNATURE OF CANDIDATE****SIGNATURE & SEAL**  
**OF SPONSORING AUTHORITY**