



GOVERNMENT OF MIZORAM  
DEPARTMENT OF INFORMATION & COMMUNICATION TECHNOLOGY  
AIZAWL:: MIZORAM

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**TRAINING NOMINATION FORM**  
**(USE BLOCK LETTERS TO FILL UP THE FORM)**

Course Title : \_\_\_\_\_

Applicants name : \_\_\_\_\_

Designation : \_\_\_\_\_

Name of Department : \_\_\_\_\_

Office Category (Tick the appropriate one) :

Secretariat  Directorate  PSU  Society  Others

Office Address:

: \_\_\_\_\_

: \_\_\_\_\_

Telephone No : \_\_\_\_\_ Mobile No \_\_\_\_\_

Computer related experience:

Working experience  General exposure  Nil

Details of experience :

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

Signature of applicants

*Certify that the given particulars are verified and found to be correct. The applicant will be relived only after receipt of acceptance letter from the Department of Information & Communication Technology.*

Signature & Seal of Sponsoring

Authority