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**Nomination Form**

Name of the Programme:

Batch No:

Programme Dates: From - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please upload the scanned copy of the nomination from duly signed by the individual and the Nominating Authority in the attachments section in the online registration page.

**1) Profile**

|  |  |
| --- | --- |
| Title (Dr/Mr/Ms/Mrs) |  |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| e-Mail |  |
| Mobile No |  |

**2) Personal Details**

|  |  |
| --- | --- |
| Date of Birth (dd/mm/yyyy)  |  |
| Emergency Phone |  |
| Gender |  |
| Alternate Phone |  |
| Residence Phone |  |
| Country |  |
| State |  |
| District |  |
| City |  |
| Pin Code |  |
| Alternate e-mail |  |
| Current Residential Address |  |
| Permanent Address |  |

**3) Department Information**

|  |  |
| --- | --- |
| State/Centre/Others |  |
| Department |  |
| Designation |  |
| Gazetted Officer | Yes/No |
| Pay Scale |  |
| Grade Pay |  |
| Basic Pay |  |
| Date of Joining in Service |  |
| Date of joining Present Service |  |
| Qualification |  |
| Social Status (General/OBC/SC/ST/Others) |  |
| Religion |  |
| Physically Challenged | Yes/No |
| Tribal Sub-plan Area | Yes/No |
| Office Address |  |

|  |  |
| --- | --- |
| Alternate Office Address |  |
| e-Governance Experience |  |
| Expectations from the programme |  |

**4) Other details**

|  |  |
| --- | --- |
| Ailments (if any) | Yes/No |
| Ailment description |  |

|  |
| --- |
| **Signature** |

**5) Details of the Nominating Authority**

|  |  |
| --- | --- |
| Title (Dr/Mr/Ms/Mrs) |  |
| Name |  |
| Designation |  |
| Office Telephone No. |  |
| e-mail |  |
| Nomination Approval (Yes/No) |  |

**Date:**

**Office Stamp:**

|  |
| --- |
| **Signature of the Nominating Authority** |



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