

## NOMINATION FORM

**Nomination for Training Program:** .....

### **1. Participant**

Name: .....

Representing Organization: .....

Designation: .....

Phone: ..... Mobile: .....

Email :

.....

**Date:** .....

**Signature:** .....

### **2. Nominating Authority:**

Name: .....

Designation: .....

Name and Address of the organization: .....

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..... Pin.....