

**NOMINATION-FORM**  
**Steps to Facilitate Change**  
*Three days Management Development Program*  
**TO BE FILLED IN BY THE NOMINEE**

Name of the Program: \_\_\_\_\_

Program Dates: From - \_\_\_\_\_ to \_\_\_\_\_

Name of the Nominee: \_\_\_\_\_

Male  Female

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

Organization \_\_\_\_\_ Date of Joining the Service \_\_\_\_\_

Pay Scale \_\_\_\_\_ Date of joining in Present Scale \_\_\_\_\_

Address for Communication \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

PIN: \_\_\_\_\_ Phone (O) \_\_\_\_\_ (R) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-Governance Experience: \_\_\_\_\_

\_\_\_\_\_

Expectations from the program \_\_\_\_\_

Signature of the Participant

**TO BE FILLED IN BY THE NOMINATING AUTHORITY**

Name of the Nominating Authority \_\_\_\_\_

Designation \_\_\_\_\_

Address for communication \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ PIN \_\_\_\_\_

Phone \_\_\_\_\_ Telex \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Signature of the Sponsor  
With stamp of the organization

Date: \_\_\_\_\_

Please e-mail the scanned copy of the nomination form duly signed by the individual and the Nominating Authority to <nagrawal@nifm.ac.in>, <Cc: negdcbpmu@digitalindia.gov.in>