LOCAL/INLAND TRAINING PROFORMA

Note:- Form Not Filled Properly or Partially Filled forms will not be Considered.

			PE	RSONAL I	NFORMA	TION	
Name	Gender	Gender Date of Birth		Oomicile	NIC Number (Photocopy must be attached)		Educational Qualifications
	,						
PROFESSIONAL INFORMATION							
Wing/Section (Name and Address)	Decignation /		Service Group	Date of Joining Govt. Service	Date of Present Posting	Regular or Contract Appointment	Present Job Responsibilities
TRAINING INFORMATION							
List of all Trainings received previously (Name of Trainings)				Dates of Frainings Received	Nominated by		Relevance of proposed training with job responsibilities
Present Address:						. >	
	,						
Permanent Address:		•					
Contact No. (Nos.):		,					-
Signature of the Candidate:							