

PROFORMA FOR NOMINATION

To be sent to NABM / RABM .................................................................. ( location of the concerned Training Academy )

Name of the Nominating AIR Station / DD Kendra / Office with full postal address :

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| Sl. No. | Name of the Course for which Nominated | Course Code | Name of the Nominee  ( In English & Hindi ) | Designation | e-mail id | Phone Number  ( WApp ) | Retirement | | Whether nominated for any Course (s) proposed to be conducted by any NABM / RABM during the Year 2019-2020 | Name of Courses attended in the past 12 Months, inclusive of the month of applying |
| Year | Month |
| 1 |  |  |  |  |  |  |  |  |  |  |
|  |
| 2 |  |  |  |  |  |  |  |  |  |  |
|  |

Signature of Head of Programme :

Name of Head of Programme (HOP ) : ........................................................................

Cell Phone No. : .......................................

Date : ........./......../.........