



GOVERNMENT OF INDIA
MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI-110 016
TEL No. 011-26524941, 011-26590340, FAX- 011-26864570, 011-26590340
NOMINATION FORM

TRAINING PROGRAMEE, INSTITUTE & DATE OF TRAINING	
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Name Prof./Dr./Mr./Ms.			
DESIGNATION:		ORGANISATION:	
DATE OF BIRTH		DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')	
SEX (M/F)		PRESENT PAY AND GRADE PAY:	
CATEGORY (GEN/SC/ST/OBC)			
COMPLETE ADDRESS/CONTACT NUMBER/E-MAIL			

EDUCATIONAL /PROFESSIONAL QUALIFICATION (GRADUATION ONWARDS)			
S. No.	YEAR	DEGREE	UNIVERSITY/INSTITUTE

RESEARCH EXPERIENCE			
S. No.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY

EXPERIENCE/POSTINGS FROM LEVEL OF SCIENTIST-'B' ONWARDS (IN GROUP 'A')				
S. No.	NAME OF THE ORGANISATION	POST HELD	FROM	TO

TRAINING ATTENDED				
S. No.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION

SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED	1. 2. 3.
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Signature of the Candidate

RECOMMENDATION BY THE CONTROLLING OFFICER
(Name & Designation with Seal)

(SIGNATURE OF THE RECOMMENDING OFFICER)
(Name & Designation with Seal)

N.B.: Mail this form to the concerned Training Institute under intimation to the Under Secretary (Training), DST at trngcell.dst@nic.in

BIODATA

NAME Prof./Dr./Mr. /Ms.																		

DESIGNATION:																		

ORGANISATION																		

DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')																		
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CATEGORY (GENERAL/SC/ST/OBC)																		
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DATE OF BIRTH																		
SEX (M/F)																		

PRESENT PAY:																		
GRADE PAY:																		

COMPLETE ADDRESS (OFFICE)																		

COMPLETE ADDRESS (RESIDENCE)																		

CONTACT DETAILS	PHONE (O)	PHONE (R)	MOBILE No.	E-MAIL

EDUCATIONA/PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)					
S. No.	EXAMINATION/ DEGREE	UNIVERSITY/ INSTITUTE	YEAR	SUBJECT	DIVISION/PERCENTAGE OF MARKS

EXPERIENCE /POSTINGS (IN GROUP 'A' FROM THE LEVEL OF SCIENTIST –'B' ONWARDS)					
S. No.	NAME OF THE ORGANISATION	DESIGNATION	FROM	TO	DUTY PERFORMED

TRAINING ATTENDED				
S. No.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION

RESEARCH EXPERIENCE				
S. No.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY	GIST OF RESEARCH

PAPER PUBLISHED/ PATENT FILED/OBTAINED				
S. No.	YEAR	TOPIC OF PAPER/BOOK	GIST OF PAPER /BOOK	NAME OF JOURNAL/MAGZINE /PUBLISHER

Briefly give significant contribution made by you in the field of Science and Technology during your service carries (200 words)

Date:

(Signature)
