



GOVERNMENT OF INDIA
MINISTRY OF SCIENCE & TECHNOLOGY
DEPARTMENT OF SCIENCE & TECHNOLOGY
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI - 110 016
TEL No. 011-26590349, 011-26590340

NOMINATION FORM

TRAINING PROGRAMME, 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 PAY LEVEL:	
CATEGORY (GEN /SC/ST/OBC)			
COMPLETE ADDRESS / CONTACT NUMBERS / E-MAIL			

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)			
SL. No.	YEAR	DEGREE	UNIVERSITY/INSTITUTE

RESEARCH EXPERIENCE			
SL.NO.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY

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

TRAINING ATTENDED				
SL.NO.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION
SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED		1. 2. 3.		

RECOMMENDATION BY THE CONTROLLING OFFICER

Signature of the Candidate

(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:																			
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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)					
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PRESENT PAY											PAY LEVEL:					
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COMPLETE ADDRESS (OFFICE)																				

COMPLETE ADDRESS (RESIDENCE)																				

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

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

PAPER PUBLISHED / PATENT FILED/OBTAINED				
	YEAR	TOPIC OF PAPER/ BOOK	GIST OF PAPER	NAME OF JOURNAL/ MAGZINE/ PUBLISHER

Briefly give details of significant contribution made by you in the field of Science & Technology during your Service career (200 words).

Date:

(Signature)