

ADMINISTRATIVE STAFF COLLEGE OF INDIA

Bella Vista, Raj Bhavan Road, Hyderabad - 500 082, A.P. (India)

Nomination Form

International Certification Programme Change Water Supply (24x7) for All in Urban Areas in India

rnational Certification Programme	Affix your
Management for Achieving Continuous	photograph here
nly (24x7) for ΔII in Hrhan Δreas in India	Here

Nominee's Per	rsonal I	(17-26 October 201 nformation:	(3)	L			
Name	:	Date of Birth :					
Designation	:						
Organisation	:						
Address	:						
Phone(s)	: (Off)	:(Mob	oile) :H	lome : .			
e-mail	:	·	Fax :				
Education	:						
Training Progra	mmes A	Attended :					
Nominee's Career Profile							
Organisation		Position	Responsibility		No. of Years		
Expectations from the programme :							
Medical Insurance							
Name of the	Insuran	ce Agency	Policy Number	V	alidity upto		
Note: Coverage should be available in Hyderabad, India and Israel							
Amount Payable :			Mode of Payment (DD/Ch) :				
Instrument Number :		Date of Instrument :					
Name of the Ba	nk :						
Signature of the	Spons	oring Authority:					
Name : Designation :			Date	e:			

NOTE: Forward nomination form to: Mrs. P. Mahalaxmi, Programmes Officer, Administrative Staff College of India, Bella Vista, Hyderabad-500 082. Phone: 0091-40-66534247, 66533000, Mobile: 9246203535, Telefax: 0091-040-23324365, Fax: 0091-40-66534356, e-mail: poffice@asci.org.in