

FISCAL POLICY INSTITUTE

NOMINATION FORM

1	Course name/Number					
2	Course date	From		To		
3	Name of the applicant					
4	Designation/Employee id					
5	Organization / Department					
6	Three key positions held during last 10 years/ Department	Year	Position held	Department / Organization		
7	Educational qualification	1 st Degree:				
		2 nd Degree:				
		Professional Degree:				
		Others:				
8	Month and year of superannuation					
9	Complete office address with pin code (This is the address where all communications will be sent)					
10	Telephone and Fax Number	STD Code	Office	Residence	Mobile	Fax
11	Email id	Official				
		Others				
12	Contact person in case of emergency and his/her mobile number					
13	Number of officers / staff under your supervision					
14	Brief description of the main duties of the officer at the current job					
15	Relevance of the training programme to the officer at the current job					
16	Signature of the officer with date					
17	Name, designation and complete address of the sponsoring authority					

18	Telephone no. and email id of the sponsoring authority		
19	Signature of the sponsoring authority with office seal and date		

Note:

1. Kindly bring your emergency kit if you are having any health related complaints like blood pressure, diabetes etc.
2. Diabetic persons may indicate if they require low salt food.