

F. No. A. 33025/10/2018-Admn.
Government of India
Ministry of Water Resources RD & GR

Shram Shakti Bhawan, Rafi Marg
New Delhi, dated 5th November, 2018


TRAINING CIRCULAR

The following training program is being conducted by National Productivity Council during 17-21 December, 2018 at Goa:-

| Sl.No. | Name of the Programme | Date of Training/ Workshop & Venue | Eligible officers | Last date of receipt of nominations |
|--------|---|---|------------------------|-------------------------------------|
| 1 | "Digital Transformation through E-governance" | 17 th to 21 st December, 2018 | Steno/SSA/ASO/PA/SO/PS | 13.11.2018 |

2. Interested and eligible officers may send their nominations **in the proforma provided overleaf** through proper channel so as to reach Administration Section latest by date as mentioned above.

3. All officers are advised to carefully check their availability and other commitments before applying for a particular training.


(Narendra Singh)
Under Secretary to the Govt. of India
Tel.No. 23738126
Email: usadmn-mowr@nic.in

Copy to:

1. All Wing Heads/All Divisional Heads in the Ministry of Water Resources, RD &GR.
2. Shri Vivek – For uploading on intranet.

Proforma for Training Nomination

To,

**Under Secretary (Admn)
MoWR, RD & GR
Shram Shakti Bhawan
New Delhi.**

Subject – **Nomination for Training Program.**

Sir,

I wish to apply for the Training Program the details for which are given below:-

Training Program Details

Training Circular Number (File No.)- _____
Date of Training Circular- _____
Training Topic - _____
Conducting Institute and Venue- _____
Duration of Training - _____
Last Training Program Attended by me - _____
(Mention Training Topic & Duration)

Recommendation of Reporting Authority

Name and Designation of Reporting officer - _____

Recommendation (Signature) of Reporting officer - _____

It is requested that I may be considered and nominated for the above Training Program.

Yours faithfully,

Name - _____

Designation/Posting - _____

Mobile Number - _____

E-Mail-id _____

(Mobile number and Email id required by Training institute for coordination with participants)