

F. No. A. 33025/11/2018-Admn.
Government of India
Ministry of Water Resources RD & GR

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

TRAINING CIRCULAR

The following training programme are being conducted by ASCI, Hyderabad in the coming months:-

Sl.No.	Name of the Workshop	Conducting Institute	Date of Training/ Workshop & Venue	Eligibility Criteria	Last date of Receipt of Nominations
1.	Communication Skills for Managers	ASCI, Hyderabad	21 st -25 th January, 19 Hyderabad	ASO/SO/US/DS & equivalent officers	17.12..2018
2.	Building and leading effective Teams	ASCI, Hyderabad	4 th -8 th Feb, 2019 Hyderabad	US/DS/Director & equivalent officers	28.12.2018

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

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



(A.K.Kaushik)

Under Secretary to the Govt. of India

Tel.No. 23738126

Email: usadmn-mowr@nic.in

Copy to:

1. All Divisional Heads in the Ministry of Water Resources, RD &GR.
2. All Branch Officers/Section Officers of this Ministry.
3. Shri Vivek, Admn Section – for uploading on the Circular page of the intranet under Head 'Training'

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)