

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

Shram Shakti Bhawan, Rafi Marg  
New Delhi, dated 28<sup>th</sup> September, 2018

**TRAINING CIRCULAR**

The following training programs are being conducted by National Productivity Council, Delhi :-

Sl.No.	Name of the Programme	Date of Training/ Workshop & Venue	Eligibility Criteria	Last date of receipt of nominations
1.	Good Governance and Transparency through RTI	12 <sup>th</sup> - 16 <sup>th</sup> November, 18 Port Blair	ASO/SO/US/DS/Directors and equivalent officers	10.10.2018
2.	Effective Office Management and RTI	19 <sup>th</sup> - 23 <sup>rd</sup> November, 18 Kanyakumari	SSA/ASO/SO/US and equivalent officers	12.10.2018

- 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.
- 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

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**Copy to:**

- All Wing Heads/All Divisional Heads in the Ministry of Water Resources, RD &GR.
- US(E-IX), CWC, R.K. Puram, New Delhi.
- NIC Cell – 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 - \_\_\_\_\_

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)