

Shram Shakti Bhawan, Rafi Marg
New Delhi, dated 27th November, 2018

TRAINING CIRCULAR

The following training programme is being conducted by The Art of Living Foundation in the coming month:-

Sl.No.	Name of the Programme	Conducting Institute	Date of Training/ Workshop & Venue	Eligibility Criteria	Last date of receipt of nominations
1.	Personnel Excellence (Programme based on Philosophy of Yoga)	The Art of Living Foundation, Bangalore	14 th Jan - 16 th Jan, 2019 at Bangalore (Karnataka)	ASO/SO/US /DS/Directors and equivalent officers	12 th December, 2018

2. Spouse may join the Officer for the Programme for a subsidized Programme fees of Rs.4,000/- per person which will be paid by the participant for their spouse to the Programme officer at the venue.
3. 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.
4. 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 Wing Heads/All Divisional Heads in the Ministry of Water Resources, RD &GR.
2. US(E-IX), CWC, R.K. Puram, New Delhi.
3. Pushp Dant, National Director (Govt. Programmes), The Art of Living Foundation, Bangalore.
4. 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)