

**File No.A-33025/7/2018-ADMINISTRATION**

F. No. A. 33025/07/2018-Admn.  
Government of India  
Ministry of Jal Shakti  
Department of Water Resources RD & GR  
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Shram Shakti Bhawan, Rafi Marg  
New Delhi, dated 3<sup>rd</sup> October, 2019

**TRAINING CIRCULAR**

The following training programme is being conducted by National Water Academy, Pune in the coming month:-

Sl.No.	Name of the Workshop	Conducting Institute	Date of Training/ Workshop & Venue	Eligibility Criteria	Last date of Receipt of Nominations
1.	Training of Non-Technical Officers on "Water Sector"	NWA, Pune	11 <sup>th</sup> -15 <sup>th</sup> Nov, 19 Pune	ASO/PA/SO/PSUS/PPS/D S & equivalent officers	18.10.2019

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. Officers, who have attended the training programme on 'Water Sector' at NWA, Pune earlier, may not apply.

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 Department of Water Resources, RD &GR.
2. All Branch Officers/Section Officers of this Department.
3. Under Secretary (E-IX), CWC, Sewa Bhawan, R.K. Puram, New Delhi.
4. Under Secretary(Admn), CSMRS, Olaf Palme Marg, New Delhi.
5. 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 \_\_\_\_\_

(No substitute will be provided during the training period)