

F. No. A. 33025/11/2018-Admn.  
Government of India  
Ministry of Jal Shakti  
Department of Water Resources RD & GR  
\*\*\*

Shram Shakti Bhawan, Rafi Marg  
New Delhi, dated 4<sup>th</sup> September, 2019

TRAINING CIRCULAR

6/16

The following training programmes are being conducted by Administrative Staff College of India, 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.	Leading with Emotional Intelligence	ASCI, Hyderabad	14 <sup>th</sup> -18 <sup>th</sup> Oct, 2019, Hyderabad	ASO/SO/US/DS	23.9.2019
2.	Improving Work Culture	ASCI, Hyderabad	18 <sup>th</sup> -20 <sup>th</sup> Nov, 2019, Hyderabad	PA/PS/PPS/A SO/SO/US	4.10.2018
3	Individual Excellence for Organisational Excellence	ASCI, Hyderabad	25 <sup>th</sup> -29 <sup>th</sup> Nov, 2019, Hyderabad	ASO/SO/US/DS	18.10.2019

- 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  
Tel.No. 23738126  
Email: usadmn-mowr@nic.in

Copy to:

- All Divisional Heads in the D/o Water Resources, RD &GR.
- Under Secretary (E-IX), CWC, R.K. Puram, New Delhi.
- Shri S.N. Pal, Under Secretary, CSMRS, Olof Palme Marg, New Delhi
- All Branch Officers/Sections of D/o Water Resources, RD &GR
- 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)