

Shram Shakti Bhawan, Rafi Marg
New Delhi, dated 11th September, 2019

TRAINING CIRCULAR

The following training programme is being conducted by Institute of Management in Government, Government of Kerala 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.	Good Governance & Effective Leadership	Institute of Management, Govt. of Kerala	23 rd -25 th Oct, 2019, Tiruvananthapuram (Kerala)	ASO/SO/US/DS	27.9.2019

- 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 Ministry of Water Resources, RD &GR.
- Dr. S. Sanjeev, Professor, Institute of Management in Government, Tiruvananthapuram.
- All Branch Officers/Section Officers of this Ministry.
- US(E-IX), CWC, Sewa Bhawan, R.K. Puram, New Delhi.
- 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)