

F. No. A. 33/01/2018-Admn.
Government of India
Ministry of Jal Shakti
Department of Water Resources RD & GR

Shram Shakti Bhawan, Rafi Marg
New Delhi, dated 23rd October, 2019

TRAINING CIRCULAR

The following training programme is being conducted by MGSIPA, Chandigarh 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.	Soft Skills Development	Mahatma Gandhi State Institute of Public Administration, Chandigarh	9 th -11 th December, 2019 Chandigarh	MTS	31.10.2019

- 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 officials 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 Department of Water Resources, RD & GR.
- All Branch Officers/Section Officers of this Department.
- Under Secretary (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

o/c

Issued
(Nitin)

23/10/2019

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)