

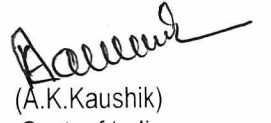
Shram Shakti Bhawan, Rafi Marg  
New Delhi, dated 30<sup>th</sup> April, 2019

**TRAINING CIRCULAR**

The following training programmes are being conducted by Indian Institute of Management, Kolkata 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.	Finance for Non-Finance Executives	IIM, Kolkata	8 <sup>th</sup> -12 <sup>th</sup> June, 2019 Kolkata	ASO/SO/US/DS	11.05.2018
2.	Leadership Excellence an Alternative approach	IIM, Kolkata	24 <sup>th</sup> -27 <sup>th</sup> June, 2019 Kolkata	US/DS/Director	25.05.2019

- 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  
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Copy to:

- All Divisional Heads in the Ministry of Water Resources, RD &GR.
- All Branch Officers/Section Officers of this Ministry.
- 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)