The following training programmes is conducted by Institute of Management, Government of Kerala in the coming month:-

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Workshop</th>
<th>Conducting Institute</th>
<th>Date of Training/ Workshop &amp; Venue</th>
<th>Eligibility Criteria</th>
<th>Last date of Receipt of Nominations</th>
</tr>
</thead>
</table>

2. Interested and eligible officers of Department (Sectt) may send their nominations in the proforma provided overleaf through proper channel so as to reach Administration Section latest by date as mentioned above. Only those officers who have not undergone training during the current financial year may apply for the above training.

3. As Parliament Session will be ongoing during the above training programme, the controlling Officers may please ensure relieving of officers for the above training before sending their nominations. It is also stated that no substitute will be provided for officers nominated for the said training. All officers are advised to carefully check their availability and other commitments before applying for a particular training.

Copy to:

1. All Divisional Heads in the Department of Water Resources, RD & GR.
2. All Branch Officers/Section Officers of this Ministry.
3. 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)