



## TRAINING NOMINATION FORM

Date:...../...../.....

Name of the Nominee : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Location : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Age / Date of Birth : \_\_\_\_\_

Qualification : \_\_\_\_\_

Email Address : \_\_\_\_\_

Total Experience (Company + Board) : Years \_\_\_\_\_

Previous Training Attended : (Please Tick)  Yes  No

If Yes, Pls. Give Details : (1): \_\_\_\_\_ Duration & Year : \_\_\_\_\_

(2): \_\_\_\_\_ Duration & Year : \_\_\_\_\_

(3): \_\_\_\_\_ Duration & Year : \_\_\_\_\_

Training Program as per training calendar [Preferences] : (1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

Available dates as per training calendar [Preferences] : (1): \_\_\_\_\_

(2): \_\_\_\_\_

(3): \_\_\_\_\_

[Signature of Nominee]

[Signature of Controlling Officer]