



College of Agricultural Banking (CAB)
Reserve Bank of India, Pune

Nomination Form		
Sr No	Particulars	
1.	Name of the programme	
2.	Dates of Programme	
3.	Duration of the programme	
4.	Name of the nominee- Shri/Smt/ Kum	
5.	Designation of the nominee officer	
6.	Age of the nominee	
7.	Mobile number	
8.	Place	
9.	Email address	
10.	Grade/ scale	
11.	Qualification	
12.	Work experience	
13.	Present job role	
14.	Experience in the relevant field	
15.	Whether officer has attended similar programme in CAB or in another institution ?	Yes / No
16.	Nominating institution	
	i) Name of contact person	
	ii) Address	
	iii) City / Pin code	
	iv) District / State	
	vi) STD code and phone No.	
	vii) Email address	
17.	Details of payment	
	Amount Rs.	
	Date of transfer	
	NEFT UTR No	
	Reference No.	
18.	Whether Hostel Accommodation required (applicable for in-campus CAB programmes)	Yes / No
	Health Status Report included	Yes / No

Undertaking: I hereby undertake that in case of medical emergency, medical expenditure will be borne by the Nominee officer or the sponsoring organization.

Signature/Stamp of Bank/Institutions



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Form to be filled up by the participant

Health Status Report (HSR) ©

Sr No	Particulars	Information
1	Name of the participant: Shri/Smt/Kum	
2	Date of Birth	
3	Blood Group	
4	<u>Medical History</u> © - ailment if any such as Diabetes, hypertension, Blockages of arteries, Tuberculosis etc	If yes, please mention if you are taking medicines for ailment/ sickness / disorder
5	Details of hospitalization if any during last two months for heart ailment, diabetes or any other major surgery	
6	Contact No in case of emergency	
	Office:	
	Family Member:	

A: Nominee officer should carry with him valid prescription if he/she is having any medical ailment like heart disease, hypertension, diabetic etc.

B: Nominee officer should have adequate stock of medicines to last long for the duration of the programme.

© This information needs to be shared with CAB to enable CAB to deal with any medical emergency / in case of need.

* The nomination will not be accepted without following explicit declaration.

Undertaking: I hereby undertake that in case of medical emergency, medical expenditure will be borne by the Nominee officer or the sponsoring organization.

(Signature of the participant)
