**NOMINATION FORM**

**\*All the fields are mandatory. Please do not omit any field.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SR. NO** | **DETAILS** |  | **INFORMATION** |
| 1. |  | **Name of the Institution**  | **:** |  |
| 2. |  | **GST Number of the institute** | **:** |  |
| 3. |  | **Bank / Institution Group** (as per brochure/AL) | **:** |  |
| 4. |  |  **Branch Name and Address** | **:** |  |
| 5. |  | **Contact Number of Branch** | **:** |  |
| 6. |  | **Email address of Institute** | **:** |  |
| 7. |  | **Details of Contact Person** |
|  | i. | Name | **:** |  |
|  | ii. | Full Address with Pin Code | **:** |  |
|  | iii. | Mobile No. / Landline No. | **:** |  |
|  | iv. | Email Address | **:** |  |
| 8. |  | **Name of the Programme** | **:** |  |
| 9. |  | **Dates of the Programme** | **:** |  |
| 10. |  | **Duration of the Programme** | **:** |  |
| 11. |  | **Details of Nominated Officer** |
|  | i. | Name | **:** |  |
|  | ii. | Gender / Age | **:** | Gender : |  | Age : |  |
|  | iii. | Designation | **:** |  |
|  | iv. | Mobile No  | **:** |  |
|  | v | Email address | **:** |  |
|  | vi | Persons with disability ( PWD )**( Yes / No )** | **:** |  |
| 12. |  | **Work Experience** |
|  | i. | Present Job Description | **:** |  |
|  | ii. | Experience in relevant field | **:** | Years : |  | Months : |  |
|  | iii. | Whether Officer has attended similar programme in CAB, Pune or any other Institution ?**( Yes / No )** | **:** |  |
| 13. |  | **Details of Fees Applicable as per the Announcement Letter:** |
|  | i. | Please specify if you need Residential Facility **(Yes / No)** (***Applicable for in-campus prog***.) | **:** |  |
|  | ii. | Amount in ₹. | **:** |  |
| 14. |  | **Please provide the Bank details for refund of fees** **(In case of postponement / cancellation of programme)** |
|  | i. | Account Number (to which amount to be refunded) | **:** |  |
|  | ii. | IFSC Code  | **:** |  |
|  | iii. | Account Name (to whom this account belongs) | **:** |  |
|  | i. | Name of the Bank in which this account is operating | **:** |  |
|  | iv. | Branch Name and Address in which this account is operating | **:** |  |
|  | v. | Contact Name / Mobile No. of the account holder | **:** |  |

 **Signature/Stamp of Bank/Institutions**

**Form to be filled up by the participant**

**Health Status Report (HSR)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **DETAILS** |  | **INFORMATION** |
| 1. | Name of the participant: Shri/ Smt / Kum / Ms | **:** |  |
| 2. | Date of Birth  | **:** |  |
| 3. | Blood Group  | **:** |  |
| 4. | Medical History © - ailment if any such as Diabetes, hypertension, Blockages of arteries, Tuberculosis etc  | **:** |  |
| 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  | **:** |  |

1. Nominee officer should carry with him valid prescription if he/she is having any medical ailment like heart disease, hypertension, diabetic etc
2. Nominee officer should have adequate stock of medicines to last long for the duration of the programme

**Please Note :**

**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)**