

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

NOMINATION FORM

|  |  |  |
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| **SR. NO** | **DETAILS** | **PARTICULARS** |
| **1.** | **Name of the Institution** | : |
| **2.** | **Branch Name and Address** | : |
| **3.** | **Contact Number of Branch** | : |
| **4.** | **Email address of Institute** | : |
| **5.** | **Details of Contact Person** |
| i. | Name | : |
| ii. | Address | : |
| iii. | City and Pin code | : |
| iv. | District / State | : |
| v. | Mobile No. / Landline No. | : |
| vi. | Email Address | : |
| **6.** | **Name of the Programme** | : |
| **7.** | **Dates of the Programme** | : |
| **8.** | **Duration of the Programme** | : |
| **9.** | **Details of Nominated Officer** |
| i. | Name | : |
| ii. | Gender / Age | : | Gender : | Age : |
| iii. | Designation | : |
| iv. | Grade / Scale | : |
| v. | Qualifications | : |
| vi. | Mobile No : |  |
| vii. | Personal Email Address | : |



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|  |  |
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| **10.** | **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 |

**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 | Medical History © - 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)