



**GOVERNMENT OF INDIA**  
**MINISTRY OF SCIENCE & TECHNOLOGY**  
**DEPARTMENT OF SCIENCE & TECHNOLOGY**  
**TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD, NEW DELHI-110 016**  
**TEL No. 011-26524941, 011-26590340, FAX- 011-26864570, 011-26590340**  
**NOMINATION FORM**

<b>TRAINING PROGRAMEE, INSTITUTE &amp; DATE OF TRAINING</b>	
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<b>Name Prof./Dr./Mr./Ms.</b>			
<b>DESIGNATION:</b>		<b>ORGANISATION:</b>	
<b>DATE OF BIRTH</b>		<b>DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')</b>	
<b>SEX (M/F)</b>		<b>PRESENT PAY AND GRADE PAY:</b>	
<b>CATEGORY (GEN/SC/ST/OBC)</b>			
<b>COMPLETE ADDRESS/CONTACT NUMBER/E-MAIL</b>			

<b>EDUCATIONAL /PROFESSIONAL QUALIFICATION (GRADUATION ONWARDS)</b>			
<b>S. No.</b>	<b>YEAR</b>	<b>DEGREE</b>	<b>UNIVERSITY/INSTITUTE</b>

<b>RESEARCH EXPERIENCE</b>			
<b>S. No.</b>	<b>YEAR</b>	<b>TOPIC OF RESEARCH</b>	<b>SPONSORING AGENCY</b>

<b>EXPERIENCE/POSTINGS FROM LEVEL OF SCIENTIST-'B' ONWARDS (IN GROUP 'A')</b>				
<b>S. No.</b>	<b>NAME OF THE ORGANISATION</b>	<b>POST HELD</b>	<b>FROM</b>	<b>TO</b>

<b>TRAINING ATTENDED</b>				
<b>S. No.</b>	<b>YEAR</b>	<b>NAME OF THE TRAINING PROGRAMME</b>	<b>NAME OF THE INSTITUTE</b>	<b>DURATION</b>

<b>SPECIFIC AREA IN WHICH SKILL UPGRADATION DESIRED</b>	1. 2. 3.
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*Signature of the Candidate*

RECOMMENDATION BY THE CONTROLLING OFFICER  
(Name & Designation with Seal)

(SIGNATURE OF THE RECOMMENDING OFFICER)  
(Name & Designation with Seal)

N.B.: Mail this form to the concerned Training Institute under intimation to the Under Secretary (Training), DST at [trngcell.dst@nic.in](mailto:trngcell.dst@nic.in)

**BIODATA**

<b>NAME</b> Prof./Dr./Mr. /Ms.																		

<b>DESIGNATION:</b>																		

<b>ORGANISATION</b>																		

<b>DATE OF ENTRY IN GOVT. SERVICE (AS GROUP 'A')</b>																		
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<b>CATEGORY (GENERAL/SC/ST/OBC)</b>																		
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<b>DATE OF BIRTH</b>																		
<b>SEX (M/F)</b>																		

<b>PRESENT PAY:</b>																		
<b>GRADE PAY:</b>																		

<b>COMPLETE ADDRESS (OFFICE)</b>																		

<b>COMPLETE ADDRESS (RESIDENCE)</b>																		

<b>CONTACT DETAILS</b>	<b>PHONE (O)</b>	<b>PHONE (R)</b>	<b>MOBILE No.</b>	<b>E-MAIL</b>

<b>EDUCATIONA/PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)</b>					
<b>S. No.</b>	<b>EXAMINATION/ DEGREE</b>	<b>UNIVERSITY/ INSTITUTE</b>	<b>YEAR</b>	<b>SUBJECT</b>	<b>DIVISION/PERCENTAGE OF MARKS</b>

<b>EXPERIENCE /POSTINGS (IN GROUP 'A' FROM THE LEVEL OF SCIENTIST –'B' ONWARDS)</b>					
<b>S. No.</b>	<b>NAME OF THE ORGANISATION</b>	<b>DESIGNATION</b>	<b>FROM</b>	<b>TO</b>	<b>DUTY PERFORMED</b>

<b>TRAINING ATTENDED</b>				
<b>S. No.</b>	<b>YEAR</b>	<b>NAME OF THE TRAINING PROGRAMME</b>	<b>NAME OF THE INSTITUTE</b>	<b>DURATION</b>

<b>RESEARCH EXPERIENCE</b>				
<b>S. No.</b>	<b>YEAR</b>	<b>TOPIC OF RESEARCH</b>	<b>SPONSORING AGENCY</b>	<b>GIST OF RESEARCH</b>

<b>PAPER PUBLISHED/ PATENT FILED/OBTAINED</b>				
<b>S. No.</b>	<b>YEAR</b>	<b>TOPIC OF PAPER/BOOK</b>	<b>GIST OF PAPER /BOOK</b>	<b>NAME OF JOURNAL/MAGZINE /PUBLISHER</b>

**Briefly give significant contribution made by you in the field of Science and Technology during your service carries (200 words)**

**Date:**

**(Signature)**

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