

REGIONAL AGRICULTURAL ECONOMIC DEVELOPMENT CENTRE (RAEDC)

VEHARI



Latest
Photograph

NOMINATION FORM FOR IN-SERVICE TRAINING
(Officers/Officials)

1. Name of the Participant _____
2. Father's Name _____
3. Blood Group _____ C.N.I.C. # _____
4. Designation _____
5. Official Address _____
6. Date of Birth _____
7. Date of Joining in Govt. Service _____
8. Marital status _____
9. Academic qualification:

| Qualification | Grade/ Division | Year | Institution |
|---------------|--------------------|------|-------------|
| Matric | | | |
| Intermediate | | | |
| Graduation | | | |
| Masters | | | |
| Others | | | |

10. Provide details of the course previously attended _____

11. Address in case of emergency _____

Tel. # Office _____

Tel. # Personal _____ Tel. # Residence. _____

Email Address _____

SIGNATURE OF THE APPLICANT