**Annexure – XVII**

**Nomination Form – Government Officials Training Programme**

Training Programme Details:

|  |  |
| --- | --- |
| Name of the Training Program | Government Officials Training Program in Internet of Things |
| Name of The Technology | Internet of Things |
| Resource Centre Name | C-DAC Bengaluru |
| Date of Training |  |

Personal Information of Trainee:

|  |  |
| --- | --- |
| NAMEProf./Dr./Mr./Ms. |  |
| DESIGNATION |  | DEPARTMENT |  |
| DATE OF BIRTH |  | GENDER (M / F) |  |
| AADHAAR NO. |  |
| CONTACT NUMBER & EMAIL |  |
| NAME OF THE ORGANIZATION  |  |
| COMPLETE ADDRESS / CONTACT NUMBERS / E-MAIL OF THE INSTITUTE |  |

Educational / Professional Qualifications:

|  |
| --- |
| EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS) |
| SL. NO. | YEAR | DEGREE | UNIVERSITY / INSTITUTE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| RESEARCH / TECHNICAL EXPERIENCE |
| SL. NO. | YEAR | AREA OF EXPERTISE | CENTRE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Signature of Official*

Recommended / Not Recommended

(By the Head of the Institute)

(SIGNATURE OF HEAD OF INSTITUTION)

Name & Designation with Seal