**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:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME  Prof./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 |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| 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