

## Nomination Form

Programme on

### Geographic Information System for Urban Development

(January 18 -20, 2018)

#### Nominee's Contact Information :

Name (Mr/Ms) :	_____	Date of Birth :	_____
Designation :	_____	Qualification :	_____
Organisation :	_____		
Address :	_____		
Phone(s) :	(Off) : _____	(Mobile) :	_____
		Home :	_____
e-mail :	_____	Fax :	_____

#### Sponsor's Details

Name of the Sponsoring Authority _____	Designation _____
Organisation :	_____
GSTIN :	_____
Address :	_____
	Pincode : _____
Phone(s) :	(Off) : _____
	(Mobile) : _____
e-mail :	_____
	Fax : _____

#### Fee Particulars

Amount Payable :	Mode of Payment (DD/Chq/NEFT) :
Name of the Bank :	Date of Instrument/Transfer :
Instrument Number :	UTR Number for NEFT :

#### Medical Insurance

Name of the Insurance Agency	Policy Number	Validity upto

**Note :** Coverage should be available in Hyderabad, India

Signature of the Sponsoring Authority :

NOTE : Forward nomination form to : **Ms. V. Naga Swapna, Programmes Officer**, Administrative Staff College of India, Bella Vista, Hyderabad-500 082. Phone : 0091-40-66534247, 66533000, Mobile: 9246203535, Telefax: 0091-040-23324365, Fax : 0091-40-66534356, e-mail: poffice@asci.org.in