

**Nomination Form**  
**Training Programme on**  
**FAECAL SLUDGE AND SEPTAGE MANAGEMENT**  
**IN URBAN AREAS**  
**(June 1– 3, 2017)**

Affix your  
photograph  
here

**Nominee's Personal Information :**

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

Training Programmes Attended : \_\_\_\_\_

**Nominee's Career Profile**

Organisation	Position	Responsibility	No. of Years

Expectations from the programme : \_\_\_\_\_

**Medical Insurance**

Name of the Insurance Agency	Policy Number	Validity upto

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

Amount Payable :	Mode of Payment (DD/Ch) :
Instrument Number :	Date of Instrument :
Name of the Bank :	

Signature of the Sponsoring Authority :

Name :

Designation :

Date :

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