



**ADMINISTRATIVE STAFF COLLEGE OF INDIA**  
Bella Vista, Raj Bhavan Road, Hyderabad - 500 082, India

**Nomination Form**  
**SOFT SKILLS**  
**FOR URBAN PRACTITIONERS & ELECTED REPRESENTATIVES**  
**25 - 27 September, 2017**

**Nominee's Contact Information**

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

**Sponsors Details**

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

**Fee particulars**

Amount Payable :	Mode of Payment (DD/Ch/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, Programs 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