



Nomination Form

Name of the Programme:

Batch No:

Programme Dates: From - _____ To - _____

Please upload the scanned copy of the nomination from duly signed by the individual and the Nominating Authority in the attachments section in the online registration page.

1) Profile

Title (Dr/Mr/Ms/Mrs)	
First Name	
Middle Name	
Last Name	
e-Mail	
Mobile No	

2) Personal Details

Date of Birth (dd/mm/yyyy)	
Emergency Phone	
Gender	
Alternate Phone	
Residence Phone	
Country	
State	
District	
City	

Pin Code	
Alternate e-mail	
Current Residential Address	
Permanent Address	

3) Department Information

State/Centre/Others	
Department	
Designation	
Gazetted Officer	Yes/No
Pay Scale	
Grade Pay	
Basic Pay	
Date of Joining in Service	
Date of joining Present Service	
Qualification	
Social Status (General/OBC/SC/ST/Others)	
Religion	
Physically Challenged	Yes/No
Tribal Sub-plan Area	Yes/No
Office Address	

Alternate Office Address	
e-Governance Experience	
Expectations from the programme	

4) Other details

Ailments (if any)	Yes/No
Ailment description	

Signature

5) Details of the Nominating Authority

Title (Dr/Mr/Ms/Mrs)	
Name	
Designation	
Office Telephone No.	
e-mail	
Nomination Approval (Yes/No)	

Date:

Office Stamp:

Signature of the Nominating Authority



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