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NOMINATION FORM
(To be filled by the Nominee)

Please return the completed form, along with the demand draft towards programme fee,

To:

PROF. SRINIVAS CHARY VEDALA

Director, CEEUG&ID

Administrative Staff College of India

Bella Vista, Khairatabad, Hyderabad - 500 082.

Latest by : 5 January 2011

Phone : 040-66534221, Fax: 040-23316211, Email: schary@asci.org.in

International Certification Programme

**Management of Public Private Partnerships in
Urban Water and Sanitation Sector in India**

PERIOD	17 January 2011 - 21 January 2011 – Hyderabad, India
	22 January 2011 - 28 January 2011 – Shanghai & Changzhou, China

Nominee's Personal Information :

Name (Mr./Ms./Er./Dr.)			
Designation			
Date of Birth		Age	
Organization			
Address			
Phone (s)	Business		Home
Fax :			
Mobile			
E-mail :			
Passport No :			
Date of Issue :			
Date of Expiry :			

Nominee's Academic Information (Graduation onwards only)

Title/Degree	Institution	Year	Subject

Nominee's Experience - Present Organisation

Position	Reporting to	Responsibility	Years

Nominee's Experience - Previous Organisation (S)

Position	Reporting to	Responsibility	Years

Present Training Programme

What does the participant expect to learn ?
What does the participant expect to contribute to the learning process ?

Health of the nominee

Good		Specify chronic ailments if any	
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Date**Signature of Nominee**

(To be filled in by the Sponsor)

Sponsoring Organisation : Business Information

Name		Sector	
Address			
Phone (s)		Fax	
E-mail :			
Range of Products / Services			
Size (Rs. In Lakhs)	Revenue	Asset Base	Employees

Programme fee payable to Administrative Staff College of India

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

Date :

Signature of the Sponsoring Authority
 Name :
 Designation :