



Nominee's photograph
to be affixed
here

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, Khairtabad, Hyderabad - 500 082

LATEST BY: December 30, 2009

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	11 January 2010 - 15 January 2010 - Hyderabad, India 18 January 2010 - 22 January 2010 - Rabat and Tangiers, Morocco
--------	---

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	
------	--	---------------------------------	--

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 payment		Mode of payment (DD/Ch)	
Instrument Number		Date of Instrument	
Name of the Bank			

Date:

Signature of Sponsoring Authority

Name:

Designation: