**Training Nomination Form**

**PART 1 — Training Details**

**Course Title :**

**Commencement Date :**

**Duration of Training :**

**PART 2 — Employee Details**

**Name of Employee :**

**Designation :**

**Section :**

**Organization:**

**Contact No. :**

**Email:**

**Qualification:**

**PART 3 — Employee Nomination**

**How would you rate nominee skill level**

* **Beginner**
* **Intermediate**
* **Advanced**
* **Expert**

**How did you hear about this training opportuninty?**

* **Colleague**
* **Email/Letter**
* **Social Media**
* **Website**

**Why do you believe this training is important ?**

**PART 4 —**

**Section’s Head Approval-For PBS Employees**

This Nomination is Approved.

Signature / Date Name of Section In charge

**Approval of concerning Organization-For Employees of other organizations**

This Nomination is Approved.

Signature / Date, Name, Designation, Stamp of approving authority