



India Institute of Secretariat Training & Development

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| Training Nomination Form | | |
|---------------------------------|-------------|-----------------|
| Name of the Programme: | | |
| Duration: | | |
| Particulars of Nominee | | |
| Name of the Participant(s) | | |
| Designation | | |
| Mailing Address | | |
| Contact Number (with STD Code) | | |
| Office: Fax | | |
| E-Mail | | |
| Nomination Status (please tick) | Residential | Non-Residential |
| Signature of the Participant | | |
| Sponsor Details | | |
| Sponsoring Organization | | |
| Address | | |
| GST Code | | |
| E-Mail | | |
| Date: | | |
| Signature of the Sponsor | | |
| With stamp of the organization | | |