

Nomination / Application seeking assistance for Long-Term In-Service Programme

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| Date of receipt by the Public Enterprises Dept.----- Signature of Training Manager----- |
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PART-I

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| I.FOR THE OFFICIAL USE OF GOVERNMENT OF ASSAM, THE PUBLIC ENTERPRISES DEPARTMENT (Part-I to be filled in by the CEO/CMD/MD of SLPE in his/her letter pad) |
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1.Programme: (tick mark)

- A.Long Term In-Service Programme: (i) Masters Degree (ii) PGDiploma
 B. Short term certificate programme

2.Programme Name:_____

3.University / Institute Name and Address:_____

4.Period of the Study / programme:.....months / days from.....to.....

5.

5.Programme : Residential or Non-Residential I Institutional or Distance mode

6.The SLPE (name)_____ nominates
 _____ (Name of the applicant)
 of community category_____(ST / SC/ Minority/ OBC/ MOBC/Women)to the
 programme_____at
 _____ (university/ institute)
 with NAAC accreditation rating_____ for a period of _____

7.S/He/ has completed 10 years of service and is having at least 10 years of service left for superannuation.

8.S/He has not availed the scheme earlier from the SLPE / Government.

9.The officer presently does not possess the required educational qualifications of specified field.

10.No departmental proceedings are pending or contemplated against him/her and there are no standing adverse entries in the ACR of the officer.

11.He is clear from vigilance angle.

12.The officer will be used effectively for improving the organization mandate in _____area.

13.The study of the candidate will address the performance problem of the SLPE::_____

ACR grading for the last 5 years

| Grading | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---------|--------|--------|--------|--------|--------|
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Enclosed:

- a.The application of the applicant + admission confirmation letter of Univ./Inst.
- b.Attested ACRs of the last 5 years.
- c.University / Institute programme prospectus with NAAC accreditation rating.
- d.Community certificate (for priority if applicable as per guidelines)
- e.Date-----

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III.EMPLOYEMENT RECORD

In order to make you application complete, please give details of your duties and Responsibilities for your present and previous positions

A. PRESENT POSITION

| | |
|---|----------------------------------|
| <u>Title of your post</u> | Your duties and responsibilities |
| Name and address of employing organisation | |
| Year of service from-to | |
| Kind of organisation | |
| Name of supervisor (if any) with contact number | |

B. PREVIOUS POSITION

| | |
|---|----------------------------------|
| Title of your post | Your duties and responsibilities |
| Name and address of employing organisation | |
| Year of service from-to | |
| kind of organisation | |
| Name of supervisor (if any) with contact number | |

C. OTHER PREVIOUS POSITIONS

| Period | Organisation / Establishment | Position held | Job description |
|--------|------------------------------|---------------|-----------------|
| | | | |
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IV. QUESTIONNAIRE (Continue on supplementary page if necessary but no more than one page per question)

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| 1.Position of applicant within his/her organization (please show in a diagrammatic organogram enclosing a separate sheet): |
| 2. What is the Performance Problem of the SLPE (Maximum 100 words) |
| 3.Please give a short presentation of how your present work relates to the study / programme: (Maximum 100 words) |
| 4. Please state briefly the reason for applying to this programme, your main field of interest within the programme and how you hope to benefit from the programme. (Maximum 100 words) |
| 6.Please state briefly how the study will help in solving the performance problem of the SLPE (Maximum 100 words) |

7.LANGUAGE REQUIREMENT

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| English certification : <input type="checkbox"/> Carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate) or <input type="checkbox"/> English is my working language (please enclose statement from management) |
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4.MEDICAL STATEMENT (tick)

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| <input type="checkbox"/> I do not have any infectious diseases or any other illnesses which could present risks to persons that I will come in contact with. <input type="checkbox"/> I do not have any medical conditions which prevent me from carrying and training away from home. <input type="checkbox"/> I am in good health and enjoying full working capacity. Comment: - |
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V. COST ESTIMATE AND SOURCES OF FUNDING PROPOSED.

A. Cost Estimate:

| S.No | Item | Amount |
|------|---|--------|
| 1. | Institute tuition fees for the programme for the programme period (please enclose institute brochure) | |
| 2. | Living expenses for the programme months at the institute | |
| 3. | Books expenses | |
| 4. | Travel expenses | |
| 5. | Other expenses if any special (pl.mention) | |
| 6. | Total | |

B. Sources of funding

| | | |
|----|--|--|
| 1. | Personal savings | |
| 2. | Bank loan | |
| 3. | Loan from others | |
| 4. | Scholarship/fellowship from University / Institution | |
| 5. | Assistance from the SLPE if any | |
| 6. | Total | |
| 7. | Shortfall if any | |

6. Signature of Applicant

I certify that my statement in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief. If selected as participant I undertake to spend the time during the period of the programme as directed by the programme management and shall complete the study / programme timely and successfully.

Date _____ Signature of Applicant

The application should be filled in fully and every page of the application should be self attested by the applicant.