Training Application Form for Courses on "Windows & Office Productivity Tools (Basic)"

SHRI/SMTI : (Full Name)
DESIGNATION :
DEPARTMENT/DIRECTORATE :
CONTROLLING OFFICER :
DESIGNATION :
NAME OF INSTITUTE OPTED FOR :
NAME OF CENTRE OPTED FOR :
DATE OF COURSE START :
TIMINGS :MORNINGEVENING(Please tick any one)
DATE : Signature of Candidate
CONTACT PHONE NO:
MOBILE NO:
 Copy to: 1. Under Secretary, Information Technology Department for information and necessary action. 2. SAD(E) for information and necessary action 3 (Training Institute)

List of Institute: 10:30 and 2:30 timings are (1) NIC, Sectt. Hill, (2)Tata Infotech, Police Bazar (10:00 AM only) (3)YMCA, Keating road