**College of Agricultural Banking (CAB)**

**Reserve Bank of India, Pune**

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**NOMINATION FORM**



|  |  |  |
| --- | --- | --- |
| **SR. NO**  | **DETAILS**  | **PARTICULARS**  |
| **1.**  | .i.  | **Name of the Department**  |  :   |
| .  | ii.  | Central Office / Regional Office  | :  |
| **2.**  |  | **Name of the Programme**  |  :  |
| **3.**  |  | **Dates of the Programme**  |  :   |
| **4.**  |  | **Duration of the Programme**  | :  |
| **5.**  |  | **Details of Nominated Officer**   |
|   | i.  | Name  | :  |
|   | ii.  | Gender / Age  | : Gender:  | Age:  |
|   | iii.  | Designation  | :  |
|   | iv.  | Qualifications  | :  |
|   | v.  | Mobile No.  | :  |
|   | vi.  | Email Address  | :  |
| **6.**  |  | **Work Experience**   |
|   | i.  | Present Job Description  |  :   |
|   | ii.  | Experience in relevant field  | : Years: Months:  |
|   | iii.  | Whether Officer has undergone the same programme earlier? | Yes / No  |

 **Signature/Stamp**

**Health Status Report (HSR) ©**

|  |  |  |
| --- | --- | --- |
| **Sr****No** | **Particulars** | **Information** |
| 1 | Name of the participant: Shri/Smt/Kum |  |
| 2 | Date of Birth |  |
| 3 | Blood Group |  |
| 4 | Medical History © - ailment if any such asDiabetes, hypertension, Blockages of arteries, Tuberculosis etc | If yes, please mention if you are takingmedicines for ailment/ sickness / disorder |
| 5 | Details of hospitalization if any during lasttwo months for heart ailment, diabetes or any other major surgery |  |
| 6 | Contact No in case of emergency |  |
|  | Office: |  |
|  | Family Member: |  |

A: Nominee officer should carry with him valid prescription if he/she is having any medical ailment like heart disease, hypertension, diabetic etc.

B: Nominee officer should have adequate stock of medicines to last long for the duration of the programme.

**© This information needs to be shared with CAB to enable CAB to deal with any medical emergency / in case of need.**

**\* The nomination will not be accepted without following explicit declaration.**

**Undertaking:** I hereby undertake that in case of medical emergency, medical expenditure will be borne by the Nominee officer or the sponsoring organization.

(Signature of the participant)