**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 as  Diabetes, hypertension, Blockages of arteries, Tuberculosis etc | If yes, please mention if you are taking  medicines for ailment/ sickness / disorder |
| 5 | Details of hospitalization if any during last  two 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)