





Nomination Form

Completed forms should reach latest by **06**th **May 2013**

Completed form should be sent by email (scanned copy) to ciotraining@nisg.org with a copy to ankit.verma@negp.gov.in

Title(Dr/Mr/Ms/Mrs) First Name Middle Name Last Name Date of Birth (dd/mm/yyyy)

Details of Present posting

Designation	
Department	
State/UT/Centre	
Date of Joining into Government Service (dd/mm/yyyy)	
Date of Joining into Present Post (dd/mm/yyyy)	

Contact Details:

Office Tel No.	Fax No.	
(with STD Code)	(with STD Code)	
Mobile No.	Residential Tel	
	No.(with STD	
	Code)	
Official email		
Personal email		
Official Postal Address		
(with PIN Code)		

II) Qualifications

Qualification (two highest in chronological order)	1. 2.
Professional Qualifications	2
Any other Certification courses	

III) EXPERIENCE (Details of previous two postings)

S.No	Per	iod	Department	Designation
	From	То		
1				
2				

Accomplishments and experience in e-Governance Project during your career (Max. 3):

IV) Present e-Governance Project involvement and Role:

PROJECT DETAILS

1	Name of the Project	
2	Owner Department(s)	
3	Your Role in the Project	
4	Time frame of the Project	
	a. Conceptualization	
	b. Implementation	
5	Geographical coverage	
	a. Pilot (name the locations)	
	b. Roll out	
6	Total financial outlay of the Project	
7	Has the financial outlay been approved?	

V) INTEREST IN CIO e-GOVERNANCE CHAMPIONS PROGRAM

Please state your interest and expectation from CIO e-Governance Champions training programme? (250 words)

Date:	Signature
Date:	3.6.1.4.4.6

VI) DETAILS OF NOMINATING AUTHORITY

Title(Dr/Mr/Ms/Mrs)	
First Name	
Middle Name	
Last Name	
Designation	
Office Telephone No.	
Fax No.	
e-mail	
Official Postal Address (with Pin Code)	
What is your expectation from the	
candidate after completion of the	
training programme	
How would you be using the	
candidate's Knowledge and Skills after	
completion of the training programme	

Date Signature



