

# **Nomination Form**

## **Government Officials Training (Advanced) Programme**

### **Training Programme Details**

|                            |                                     |
|----------------------------|-------------------------------------|
| Name of Training Programme | Introduction to AR & VR             |
| Name of Technology         | Augmented Reality & Virtual Reality |
| Resource Centre Name       | NIELIT Chandigarh                   |
| Date of Training           |                                     |

### **Personal Information**

|   |  |               |  |
|---|--|---------------|--|
| NAME<br>Prof./Dr./Mr./Ms.   |  |               |  |
| DESIGNATION:  |  | ORGANISATION: |  |
| DATE OF BIRTH :   |  | GENDER(M/F)   |  |
| AADHAR No.  |  |               |  |
| CONTACT NUMBER &<br>E- MAIL   |  |               |  |
| NAME OF THE<br>ORGANISATION/<br>DEPARTMENT                          |  |               |  |
| COMPLETE ADDRESS /<br>CONTACT NUMBERS /<br>E- MAIL OF THE INSTITUTE |  |               |  |

### **Educational / Professional Qualifications**

| EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS) |      |        |                      |
|--|------|--------|----------------------|
| SL. No.  | YEAR | DEGREE | UNIVERSITY/INSTITUTE |
|  |      |        |                      |
|  |      |        |                      |
|  |      |        |                      |

| RESEARCH / TECHNICAL EXPERIENCE |      |                   |        |
|---------------------------------|------|-------------------|--------|
| SL.NO.                          | YEAR | AREA OF EXPERTISE | CENTRE |
|                                 |      |                   |        |
|                                 |      |                   |        |
|                                 |      |                   |        |



*Signature of the Official*

***Recommended/Not Recommended***  
*(By the Head of the Institute)*

*(Signature of head of institution)*  
*Name & Designation with Seal*