

# **Nomination Form**

## **Government Officials Training (Basic) 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	

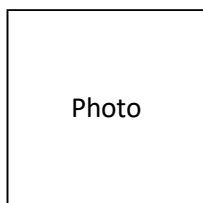
### Personal Information

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