

39th Advanced Professional Programme in Public Administration (APPPA)

1st July, 2013 to 30th April, 2014

PART-A

(To be filled by the officer)

1	Name of the officer (in capital):	
2	Present designation:	
3	Official Address: Telephone No: e-mail	
4	Date of birth:	
5	Age as on 1-7-2013	
6	In case the officer is above the prescribed age, the special justification for nominating him for the course:	
7	Service to which the officer belongs (with year of allotment):	
8	Length of Service in Group 'A'	
9	Academic Background:	
10	Address for communication:	
11	Does the officer require accommodation in the IIPA hostel?	

12. Details of five previous posts held by the officer:

S. No	Post held	From	To	Pay Band/ Basic pay/ Grade pay	Nature of Duties

13. Details of in-service training programmes/ courses attended (in India and abroad)
 {duration should be at least two weeks or more}

S. No.	Name of the course/ training programme	Year	Name of the place/Institution	Duration (in Weeks)

14	Do you belong to a Scheduled Caste/Scheduled Tribe	
15(a)	Are you presently on deputation to the Government of India	Yes/No
(b)	If yes, from what date	
(c)	What is the date of completion of tenure?	
(d)	Whether this is your first deputation to the Centre	
16	Kindly indicate why you want to attend the APPPA programme.	

(Signature of Officer)

PART-B

(To be filled by the Sponsoring authority)

1	Why are you interested to nominate the officer for the APPPA course?	
2	How will the training be useful for the organization?	
3	After completion of training what kind of work do you intend to assign the officer?	
4	Kindly indicate rating of the officer on the basis of his ACRs (Please attach photocopies of the last 3 years annual confidential reports of the officer)	
5	Whether cadre clearance has been obtained? If so, kindly enclose the same.	
6	Please certify that the officer has not been nominated for Central Deputation under Central Staffing Scheme. (Applicable in the case of officers working in their cadres)	

(Signature, Name & Designation
Of Sponsoring Authority)