

**MOST IMMEDIATE**

No. 20/22/2008-CS-II  
Government of India  
Ministry of Personnel, Public Grievances and Pensions  
Department of Personnel & Training

Lok Nayak Bhawan, New Delhi – 110 003.

Dated the 15<sup>th</sup> November, 2011

**OFFICE MEMORANDUM**

Subject:- Level-III Training Programme (Condensed Version) from 21<sup>st</sup> November to 2<sup>nd</sup> December, 2011(Two Weeks) for PS/PPS(ad-hoc) of CSSS-reg.

The undersigned is directed to refer to ISTM's letter No. A-33022/05/2011-ISTM(PAR) dated 10<sup>th</sup> November, 2011 on the subject cited above and to say that vide this Department's OM of even number dated 31<sup>st</sup> October, 2011 40 PPS(Ad-hoc)/PS have been nominated to participate in the Level III Training Programme (Condensed version).

2. As part of the Training Programme, the participants would be taken on a study tour. In order to meet the expenditure for the study tour, all the administrative Ministries/Departments are required to sanction an advance of Rs. 45,000/- (Rupees forty <sup>five</sup> thousand only) as T.A. advance for each participant, alongwith their relieving order.

3. Cadre authorities are also requested to send Curriculum Vitae of each participant specifically indicating their gender, in prescribed proforma given in the annexure, to Shri G.D. Chawla, Asstt. Director & Course Coordinator, ISTM, New Delhi.



(Kiran Vasudeva)

Under Secretary to the Govt. of India

Tel: 24654020

To

Under Secretary (Admn.) of the concerned Cadre Units.

Copy to: Shri G.D. Chawla, AD & Course Coordinator, ISTM alongwith a copy of list of Participants.

CURRICULAM VITAE

1. Name of the officer nominated \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Designation & Scale of Pay \_\_\_\_\_
4. Office in which employed \_\_\_\_\_
5. Academic qualification \_\_\_\_\_
  
6. Date of joining as PPS(Ad-hoc)/PS \_\_\_\_\_  
Select List Year \_\_\_\_\_
7. Whether the nominee is a member Yes/No  
of SC/ST if yes, please specify SC/ST
8. Previous Training undergone  
(i) ISTM : \_\_\_\_\_  
(ii) Other Training Institute \_\_\_\_\_
9. (i) Nominee \_\_\_\_\_  
(ii) Office Address \_\_\_\_\_  
Ministry/Department \_\_\_\_\_  
Name of Building & Room No. \_\_\_\_\_  
Place of Office Tel. No. \_\_\_\_\_  
(iii) Residential Address \_\_\_\_\_  
With Tel. No. \_\_\_\_\_  
e-mail, if any \_\_\_\_\_

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Signature