

रश्मि चौधरी

Rashmi Chowdhary

अपर सचिव (प्रशि. व प्र.)

Additional Secretary (Trg. & Admn.)

टेली/ Tel. : 2309 4010

फैक्स/Fax: 2309 4001



सत्यमेव जयते



भारत सरकार
कार्मिक और प्रशिक्षण विभाग
कार्मिक, लोक शिकायत तथा पेंशन मंत्रालय
नॉर्थ ब्लॉक, नई दिल्ली-110001
GOVERNMENT OF INDIA
DEPARTMENT OF PERSONNEL & TRAINING
MINISTRY OF PERSONNEL, PUBLIC
GRIEVANCES AND PENSIONS
NORTH BLOCK NEW DELHI-110001

D.O. No. T-17012/5/2020-Academy Desk

Dated: 16th August, 2021

Dear Madam/Sir,

The first Common Mid Career Training Programme(MCTP), as a part of Mission Karmayogi, is proposed to be held in the last week of October, 2021 at Lal Bahadur Shastri National Academy of Administration(LBSNAA), Mussoorie. The MCTP will help in better coordination amongst the personnel of various civil services fostering intra-departmental and inter-departmental coordination during the mid-career training programme.

2. This first Common MCTP is for officers of All India Services and other Central Group 'A' services officers who have come through the Civil Service Examination of 1999 and 2000 (i.e. 2000 and 2001 batch officers). Officers with less than three years of service (as on 31.12.2021) may not be nominated for the training programme.

3. I, therefore, request you to kindly nominate all the officers of All India Services and other Central Group 'A' services officers of 2000 and 2001 batch for the Common MCTP and direct them to join the training programme at LBSNAA, Mussoorie proposed to be held from 25th -31stOctober, 2021. The nominations (with details as per given format) may be forwarded to Ms. Anandhi, Course Coordinator/ Deputy Director(Sr.)(E-mail - trg4.lbsnaa@nic.in, Tel. No. 0135-2222330) with a copy to this Department.

With warm regards,

Yours sincerely,

Rashmi
(Rashmi Chowdhary)

Encl. : Format for nominations.

To,

All Cadre Controlling Authorities (as per list enclosed).

Common MCTP APPLICATION FORM

1	First Name (max : 75 Characters)(*)									
2	Middle Name (max : 75 Characters)(*)									
3	Surname (max : 75 Characters)(*)									
4	Service (IAS. IPS. IFos, IFS etc)									
5	Batch (2000, 2001 etc)									
6	Posting Status(*)									
7	Please Confirm Your Participation(*)									
8	Job Title/Designation (max : 100 characters) (*)									
9	Organization (max : 100 characters)(*)									
10	Postal Address (max : 150 characters)(*)									
11	City/Town (max : 50 characters)(*)									
12	Pincode(*)									
13	State/UT(*)									
14	Present Office(*)									
15	Email-Id (PI Provide an email you check regularly) (max : 100 characters) (*)									
16	Alternate Email-Id, if available (max : 100 characters)(*)									
17	Phone Number(Office) with STD Code(*)	<table border="1"> <tr> <td>Country Code</td> <td>STD Code</td> <td>Phone Number</td> </tr> <tr> <td>+91(-----)</td> <td></td> <td></td> </tr> </table>	Country Code	STD Code	Phone Number	+91(-----)				
Country Code	STD Code	Phone Number								
+91(-----)										
(Phone No Max Length:10 Characters)										

Common MCTP APPLICATION FORM

18	Phone Number(Residence)with STD Code(*)	Country Code	STD Code	Phone Number
		+91		
(Phone No Max Length:10 Characters)				
19	Mobile No.(*)	+91(-----)		
(Max Length:10 Characters)				
20	Fax No.(with STD Code) (*)	Country Code	STD Code	Fax Number
		+91		
21	Your Name as you would like to appear on Nametag (Max : 50 Characters)(*)			
22	Your Name as you would like to appear on a certificate (Max : 50 Characters)(*)			
Educational Qualification and Experience Details				
Note: Please do not use any special characters like &, \$, * etc. in the fields				
23	Educational Qualifications(max : 100 Characters)(*)			
24	Sectors of Work Experience acquired in Service (max : 500 Characters)(*)			
25	Sectors of Work Interested in future assignments(max : 500 Characters)(*)			
Emergency Contact (Please list a person we may contact in case of emergency)				
26	Name (Max : 50 Characters)(*)			
27	Home Phone (with STD Code)(*)	Country Code	STD Code	Fax Number
		+91		
28	Office Phone (with STD Code)	Country Code	STD Code	Fax Number
		+91		
29	Mobile Number(*)	+91(-----)		
(Max Length:10 Characters)				
30	Please list any special dietary needs for your stay at LBSNAA (Maximum : 100 Characters)(*)			

Recommended by State Government/Cadre Controlling Authority/Organisation

Name and Designation:

Organisation :