

AFRICAN-ASIAN RURAL DEVELOPMENT ORGANIZATION (AARDO)

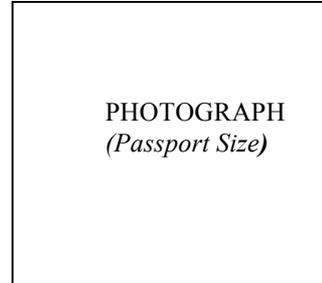
NOMINATION PROFORMA FOR TRAINING FELLOWSHIP/ WORKSHOP/ SEMINAR/ CONFERENCE

Name of the Programme _____

Venue _____ Duration _____

IMPORTANT INSTRUCTIONS

- i) Please answer each question clearly and completely.
- ii) Please ensure that the attached physical examination report is complete and duly certified by Government Doctor.
- ii) Please send the form to the nominating authority for onward transmission to Secretary General, AARDO.



(Use CAPITAL Letters)

1. Name (Dr/Mr/Ms) (As indicated in Passport)		
Family Name	First Name	Middle Name

2. Father's Name :		
Mother's Name :		
Spouse's Name :		
(if married)		

3. Present Mailing Address (<i>Please Specify City, Province & Country</i>)		
i) Residence Address		

ii) Office Address		

<i>(Please specify country and city code)</i>		
i) Tel. (Office)		ii) Fax :
iii) Tel (Residence)		iv) Email :

4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		5. Marital Status <input style="width: 100px;" type="text"/>
6. Passport Particulars		
i) Number		v) Place of Issue
ii) Date of Issue		vi) Date of Birth
iii) Date of Expiry		vii) Place of Birth
iv) Issuing Authority		viii) Nationality

Note : Please attach photo copy of the passport.

7. Language(s) Known (Mother Tongue First) Please tick (✓)

<i>Languages</i>	<i>Excellent</i>		<i>Good</i>		<i>Fair</i>	
	O	W	O	W	O	W
i)						
ii)						
iii)						

O= Oral; W=Written.

8. Educational Qualifications

i) University degree or equivalent

<i>Name and Address of University</i>	<i>Duration</i>	<i>Degree and Academic From To</i>	<i>Major Subjects of Study Distinctions obtained</i>

ii) Other formal trainings including professional training, if any

<i>Name and Address of Institute</i>	<i>Type of Training Received</i>	<i>Duration From To</i>	<i>Certificate/Diploma Obtained</i>

9. Employment Record

i) Present Position

Exact title of your post	Date of joining
Name and address of employer (Please include Telephone, Fax, E-mail, if any)	Duty station
	Number and kind of employees supervised
Description of your present duties	

ii) Previous Positions (during the last five years)

	Exact title of your post	Name of the institution served	Duration		Nature of duties performed
			From	To	
1.					
2.					
3.					

10 I certify that the statements made by me in the forgoing paras are true, complete, and correct to the best of my knowledge and belief.

Signature _____

Date _____

Name _____

<p>Physical Examination Report (To be filled in by Government Doctor)</p>	
<p>Ref No: _____</p>	
<p>I have examined Mr/Ms. _____ <i>(Name & Designation of the candidate)</i></p>	
<p>and certify that (i) he/she is physically fit; (ii) suffers from no communicable disease; and (iii) he/she is HIV negative.</p>	
<p>_____</p> <p><i>Specimen signature of candidate</i></p>	<p>_____</p> <p><i>Signature of Examining Physician</i></p>
<p>Date _____ (Seal)</p>	<p>Name _____ Designation _____ Address _____</p>

For Use by Nominating Authority

<p>1. Mr/Ms _____ s/o d/o/ w/o Mr _____ whose particulars are given in the foregoing paras of this proforma is hereby duly sponsored to participate in _____ <i>(Please mention name of the programme)</i></p> <p>2. In the event of selection of the candidate, all costs (other than those attached to the programme and borne by AARDO) would be borne by us.</p> <p>3. It has been ensured that the candidate participates in the programme for its entire duration and with all due attention and responsibilities.</p> <p>Signature _____</p> <p style="text-align: center;"><u>Official Seal</u></p> <p>Name _____ Designation _____ Mailing Address _____ E-mail _____</p> <p>Please forward to: The Secretary General African-Asian Rural Development Organization 2, State Guest Houses Complex, Chanakyapuri New Delhi - 110021, India</p>
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