|  |  |
| --- | --- |
| **MR. No.** |  |
| **Name of Employee** |  |
| **Father’s Name** |  |
| **Designation** |  |
| **Employee Status** | **Civil / Institutional / MTI-Employee** |
| **Department /Section/Unit:** |  |
| **Course applying for** |  |
| **Name of Institution** |  |
| **Signature** |  |
| **Note: -** *Employee concerned must submit affidavit / undertaking (sample attached) on Judicial Stamp paper along with this Performa* |

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| **FOR OFFICIAL USE ONLY** |
| **Remarks of Controlling Officer / Head of Department** |  |
| **Signature** |  |
| **Remarks ofSuperintendent HR** |  |
| **Signature** |  |
| **Remarks of Manager HR** |  |
| **Signature** |  |