

Nomination / Application seeking assistance for Short-Term In-Service Programme (STIP)

Date of receipt by the Public Enterprises Dept.-----

Sign-----

PART-I

I.FOR THE OFFICIAL USE OF GOVERNMENT OF ASSAM,
THE PUBLIC ENTERPRISES DEPARTMENT
(Part-I to be filled in by the CEO/CMD/MD of SLPE in his/her letter pad)

1.Programme: (tick mark)

- A.Long Term In-Service Programme: (i) Masters Degree (ii) PGDiploma
 B. Short term certificate programme

2.Programme Name:_____

3.University / Institute Name and Address:_____

4.Period of the Study / programme:.....days from.....to.....

5.Programme : Residential or Non-Residential.

6.The SLPE (name)_____ nominates
_____ (Name of the applicant)
of community category_____(ST / SC/ Minority/ OBC/ MOBC/Women)to the
programme_____ at
(university/ institute) _____ having NAAC accreditation rating_____
for a period of

7.S/He/ has completed --- years of service and is having at least ---years of service left
for superannuation.

8.S/He has not availed the scheme during the last 3 years from the SLPE / Government.

10.No departmental proceedings are pending or contemplated against him/her and there
are no standing adverse entries in the ACR of the officer.

11.He is clear from vigilance angle.

12.The officer will be used effectively for improving the organization mandate in
_____ area.

13.The study of the candidate will address the performance problem of the
SLPE _____

14.ACR grading for the last 5 years

Grading	Year 1	Year 2	Year 3	Year 4	Year 5

Enclosed:

- a.The application of the applicant + admission confirmation letter of Univ./Inst.
- b.Attested ACRs of the last 5 years.
- c.University / Institute programme prospectus with NAAC accreditation rating.
- d.Community certificate (for priority if applicable as per guidelines)

e.Date-----

Signature and Seal (with Name) of the CEO/CMD/MD of SLPE with date

PART-II

II.PERSONAL HISTORY

The application should be submitted to the Principal Secretary to the Government of Assam, Public Enterprises Department, C-Block, III Floor, Assam Secretariat, Dispur **through respective SLPE CMD/CEO/MD** under intimation to the respective Administrative Department.

Last date for the receipt of application by PE Deptt: 31st July.

PHOTO

(Please do not glue

Attach with Staple and attested by the CEO/CMD/MD of SLPE)

Application received after 31st July will not be Considered

1 First name	Second name	Family name (surname)			
2. Office name & address with PIN code	3.Telephone to office (with area code): Fax no: E-mail (obligatory):				
4. Home address with PIN code	4.Telephone home (with area code) Mobile phone:				
6. Nationality					
7. Community / Category(encl.certificate)	ST/SC/OBC/MOBC/Minority/Woman				
8.	Day	Month	Year		
Date of Birth					
Date of joining the SLPE					
Date of Superannuation					
Number of years left for Superannuation					
9. Sex (tick mark)	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
10. Name and address of person to be notified in case of emergency (time, country code/area code) Telephone : E-mail:					
11. Education (start with last attended instruction and work backwards)					
Degree	University / institution and place of study	Major fields of study	Years of study, from & to	Grade / Percentage of Marks	Awards / Scholarship/ fellowship

12. Previous trainings underwent by the applicant with details.			
Name of institution and location	Training name	Period	Sponsored by

III.EMPLOYEMENT RECORD

In order to make you application complete, please give details of your duties and Responsibilities for your present and previous positions

A. PRESENT POSITION

<u>Title of your post</u>	your duties and responsibilities
Name and address of employing organisation	
Year of service from-to	
Kind of organisation	
Name of supervisor (if any) with contact number	

B. OTHER PREVIOUS POSITIONS

Period	Organisation / Establishment	Position held	Job discription

IV. QUESTIONNAIRE (Continue on supplementary page if necessary but no more than one page per question)

1.Position of applicant within his/her organization (please show in a diagrammatic organogram enclosing a separate sheet):
2. What is the Performance Problem of the SLPE (Maximum 100 words)

3. Please state briefly how the study will help in solving the performance problem of the SLPE (Maximum 100 words)

4. LANGUAGE REQUIREMENT

English certification :

Carried out higher academic education (min 6 months) where English was the medium of instruction (please enclose copy of certificate) or

English is my working language (please enclose statement from management)

V. COST ESTIMATE AND SOURCES OF FUNDING PROPOSED.

A. Cost Estimate:

S.No	Item	Amount
1.	Institute tuition fees for the programme period (please enclose institute brochure)	
2.	Living expenses for the programme months at the institute	
3.	Reading Material expenses	
4.	Travel expenses	
5.	Other expenses if any special (pl.mention)	
6.	Total	

B. Sources of funding

1.	Personal savings	
2.	Bank loan	
3.	Loan from others	
4.	Scholarship/fellowship from University / Institution	
5.	Assistance from the scheme if any	
6.	Total	
7.	Shortfall if any	

6. Signature of Applicant

I certify that my statement in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief if selected as participant I undertake to spend the time during the period of the programme as directed by the programme management and shall complete the study / programme timely and successfully.

Date _____ Signature of Applicant

- The application should be filled in fully and every page of the application should be self attested by the applicant.