

## LOK SABHA SECRETARIAT BUREAU OF PARLIAMENTARY STUDIES AND TRAINING



No.4/APP (Prof.)/BPST/2015

NAUSHAD ALAM ADDITIONAL DIRECTOR Ph. No. 23034299 Fax No. 23015293

2 February, 2016

Subject: Twenty-Seventh Appreciation Course in Parliamentary
Processes and Procedures for Professors/Associate

Professors/Assistant Professors of Universities/Colleges

from 2 to 6 May, 2016

Sir/Madam,

Please refer our letter No. 1/AAP(Prof.)/BPST/2015 regarding nominations for an Appreciation Course in Parliamentary Processes and Procedures for Professors/Associate Professors/Assistant Professors scheduled to be organised by the Bureau of Parliamentary Studies and Training, Lok Sabha Secretariat from 2 to 6 May 2016. The proforma for nominations to be duly signed/stamped by the Registrar of the university was not enclosed with the above mentioned letter. The proforma is enclosed.

भूगा.(प.जा. क. 474 थि. वि. चं 446 द्वांक 100216.

Regards,

Yours sincerely,

USHAD ALAM)

The Vice-Chancellor

Mahatma Gandhi Antarrashtriya Hindi Vishwavidyalay,

Post Box No. 16,

Panchtila, Umri Village,

Arvi Road, Wardha – 442 001

## **NOMINATION FORM**

APPRECIATION COURSE IN PARLIAMENTARY PROCESSES AND PROCEDURES FOR PROFESSORS/ ASSOCIATE PROFESSORS/ASSISTANT PROFESSORS OF UNIVERSITIES/COLLEGES

The under-mentioned Professor/Associate Professor/Assistant Professor is sponsored for the Appreciation Course to be held by the Bureau of Parliamentary Studies and Training. Lok Sabha Secretariat, New Delhi, in 2016.

| 1     | Full Name (in block letters):                               |                                        |
|-------|-------------------------------------------------------------|----------------------------------------|
| 2     | Age (Date of Birth):                                        |                                        |
| 3     | Parent's Name:                                              |                                        |
| 4     | Educational Qualifications:                                 |                                        |
| 5     | Present Post:                                               |                                        |
| 6     | Professional Background:                                    |                                        |
|       | (including experience of holding Model Parliaments, if any) |                                        |
| 7     | University/College: (with complete address and Tel. No      | o.)                                    |
| 8     | Permanent Address:                                          |                                        |
| a.    |                                                             |                                        |
| Signa | ture of Registrar/Director with offic                       | ial stamp of the Sponsoring Authority) |
|       |                                                             |                                        |
|       |                                                             | Name :                                 |
|       |                                                             | Designation:                           |
|       |                                                             | University/College:                    |