

NOMINATION FORM

Nomination for Certificate Programme in Rural Livelihoods

A. Nominee Details

| | | |
|--|---|--|
| Nominee's Name: | | Please paste Nominee's Stamp Size Photograph |
| Nominee's Father's Name: | | |
| Date of Birth: | | |
| ST/DNT/NT ----- | | |
| Domicile: ----- | | |
| Nominee's postal address: <i>(include postcode)</i> | Nominee's Permanent address: <i>(include postcode)</i> | |
| Reason for Nominating: | | |

B. Nominated by

| | |
|---------------------------------------|--|
| Name: | |
| Designation: | |
| Organisation: | |
| Address: <i>(include postcode)</i> | |
| Telephone: | |
| Mobile: | |
| Email: | |
| Relationship to nominee: | |

I abide by the rules and regulation of selection procedure of IIHMRU and BRLF. I solemnly certify that information mentioned above are true, complete and correct as per my knowledge and belief.

Place:

Date:

**Signature of Nominator
(With Stamp)**