



 e-Governance
Champions Programme
Commitment to Public Service Delivery

Nomination Form

Completed forms should reach latest by **31st October 2013**

Completed form should be sent by email (scanned copy) to ciotraining@niscg.org with a copy to vashima@negp.gov.in

I) PERSONAL DETAILS

| | |
|-------------------------------|--|
| Title(Dr/Mr/Ms/Mrs) | |
| First Name | |
| Middle Name | |
| Last Name | |
| Date of Birth (dd/mm/yyyy) | |

Details of Present posting

| | |
|--|--|
| Designation | |
| Department | |
| State/UT/Centre | |
| Date of Joining into Government Service (dd/mm/yyyy) | |
| Date of Joining into Present Post (dd/mm/yyyy) | |

Contact Details:

| | | | |
|--|--|--|--|
| Office Tel No. (with STD Code) | | Fax No. (with STD Code) | |
| Mobile No. | | Residential Tel No.(with STD Code) | |
| Official email | | | |
| Personal email | | | |
| Official Postal Address (with PIN Code) | | | |

II) Qualifications

| | |
|---|----|
| Qualification (two highest in chronological order) | 1. |
| | 2. |
| Professional Qualifications | 1 |
| | 2 |
| Any other Certification courses | |

III) EXPERIENCE (Details of previous two postings)

| S.No | Period | | Department | Designation |
|------|--------|----|------------|-------------|
| | From | To | | |
| 1 | | | | |
| 2 | | | | |

Accomplishments and experience in e-Governance Project during your career (Max. 3):

IV) Present e-Governance Project involvement and Role :

PROJECT DETAILS

| | | |
|---|---|--|
| 1 | Name of the Project | |
| 2 | Owner Department(s) | |
| 3 | Your Role in the Project | |
| 4 | Time frame of the Project | |
| | a. Conceptualization | |
| | b. Implementation | |
| 5 | Geographical coverage | |
| | a. Pilot (name the locations) | |
| | b. Roll out | |
| 6 | Total financial outlay of the Project | |
| 7 | Has the financial outlay been approved? | |

V) INTEREST IN CIO e-GOVERNANCE CHAMPIONS PROGRAM

Please state your interest and expectation from CIO e-Governance Champions training programme? (250 words)

Date :

Signature

VI) DETAILS OF NOMINATING AUTHORITY

| | |
|--|--|
| Title(Dr/Mr/Ms/Mrs) | |
| First Name | |
| Middle Name | |
| Last Name | |
| Designation | |
| Office Telephone No. | |
| Fax No. | |
| e-mail | |
| Official Postal Address (with Pin Code) | |
| What is your expectation from the candidate after completion of the training programme | |
| How would you be using the candidate's Knowledge and Skills after completion of the training programme | |

Date

Signature of the Nominating Authority