Nomination - Form

S.No. _____________

1. Name of the Candidate (Mr./Mrs./Miss): 
   (In Block Letters)

2. Father’s Name : 

3. Date of Birth : 

4. Academic Qualifications : 
   (Attach attested copies of certificate)

5. Experience : 

6. Extra Curricular Activities : 

7. Local Address and Tel. No. : 

8. Permanent Address and Tel. No. : 

9. Name of the Local Guardian & Relationships : 

(Signature of the Candidate)
UNDERTAKING

I hereby undertake that I have read the Rules and Regulation of the National Institute of Social Defence, New Delhi and I shall fully abide by them. I will be regular in attending Classes/Course activities for whole period of **Three Month Certificate Course in Geriatric Care for Bedside assistance/Care Taker**. In case of default, I shall be liable to pay the total expanses borne by the Government in this connection. I have read and understood these obligations and confirm it by putting my signature below in the presence of guardian.

(Signature of the Candidate)