



College of Agricultural Banking (CAB)  
Reserve Bank of India, Pune

**Nomination Form**

<b>Sr No</b>	<b>Particulars</b>	
1	<b>Name of the programme</b>	
2	<b>Duration of the programme</b>	
3	<b>Name of the nominee- Shri/Smt/ Kum</b>	
4	<b>Designation of the nominee officer</b>	
5	<b>Age of the nominee</b>	
6	<b>Mobile number</b>	
7	<b>Email address</b>	
8	<b>Grade/ scale</b>	
9	<b>Qualification</b>	
10	<b>Work experience</b>	
11	<b>Present job role</b>	
12	<b>Nominating institution</b>	
	i) Name of contact person	
	ii) Address	
	iii) City	
	iv) Pin code	
	v) District	
	vi) State	
	vii) STD code and phone No.	
	viii) Fax or email address	
13	<b>Details of payment:</b>	
	Date of transfer	
	NEFT UTR No	
14	<b>Whether Hostel Accommodation required</b>	<b>Yes/No</b>
15	<b>Health Status Report included</b>	<b>Yes / No</b>

**Undertaking:** I hereby undertake that in case of medical emergency, medical expenditure will be borne by the Nominee officer or the sponsoring organization.

Signature/Stamp of Bank/Institutions

**Form to be filled up by the participant**

**Health Status Report (HSR) ©**

<b>Sr No</b>	<b>Particulars</b>	<b>Information</b>
1	Name of the participant: Shri/Smt/Kum	
2	Date of Birth	
3	Blood Group	
4	<u>Medical History</u> © - ailment if any such as Diabetes, hypertension, Blockages of arteries, Tuberculosis etc	If yes, please mention if you are taking medicines for ailment/ sickness / disorder
5	Details of hospitalization if any during last two months for heart ailment, diabetes or any other major surgery	
6	Contact No in case of emergency	
	Office:	
	Family Member:	

A: Nominee officer should carry with him valid prescription if he/she is having any medical ailment like heart disease, hypertension, diabetic etc.

B: Nominee officer should have adequate stock of medicines to last long for the duration of the programme.

**© This information needs to be shared with CAB to enable CAB to deal with any medical emergency / in case of need.**

**\* The nomination will not be accepted without following explicit declaration.**

**Undertaking:** I hereby undertake that in case of medical emergency, medical expenditure will be borne by the Nominee officer or the sponsoring organization.

(Signature of the participant)

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