



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

Nomination Form

Sr No	Particulars	
1	Name of the programme	
2	Duration of the programme	
3	Name of the nominee- Shri/Smt/ Kum	
4	Designation of the nominee officer	
5	Age of the nominee	
6	Mobile number	
7	Email address	
8	Grade/ scale	
9	Qualification	
10	Work experience	
11	Present job role	
12	Nominating institution	
	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	Details of payment:	
	Date of transfer	
	NEFT UTR No	
14	Whether Hostel Accommodation required	Yes/No
15	Health Status Report included	Yes / No

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) ©

Sr No	Particulars	Information
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)
