



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

**NOMINATION FORM**

SR. NO	DETAILS	PARTICULARS	
1.	Name of the Institution	:	
2.	Branch Name and Address	:	
3.	Contact Number of Branch	:	
4.	Email address of Institute	:	
5.	Details of Contact Person		
i.	Name	:	
ii.	Address	:	
iii.	City and Pin code	:	
iv.	District / State	:	
v.	Mobile No. / Landline No.	:	
vi.	Email Address	:	
6.	Name of the Programme	:	
7.	Dates of the Programme	:	
8.	Duration of the Programme	:	
9.	Details of Nominated Officer		
i.	Name	:	
ii.	Gender / Age	:	Gender :                      Age :
iii.	Designation	:	
iv.	Grade / Scale	:	
v.	Qualifications	:	
vi.	Mobile No :	:	
vii.	Email Address	:	



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<b>10.</b>	<b>Work Experience</b>	
i.	Present Job Description	:
ii.	Experience in relevant field	: Years : Months :
iii.	Whether Officer has attended similar programme in CAB, Pune or any other Institution ?	Yes / No
<b>11.</b>	<b>Details of Payment</b>	
i.	Bank / Institution Group	:
ii.	Amount in Rs.	:
iii.	Date of Transfer	:
iv.	Bank Reference No	:
v.	NEFT / UTR No.	:
<b>12.</b>	<b>In case of postponement / cancellation of programme, please provide the Bank details for refund of fees</b>	
i.	Name of the Bank	:
ii.	Branch Name and Address	:
iii.	Account Number	:
iv.	IFSC Code	:
v.	Contact Name / Mobile No.	:

**Signature/Stamp of Bank/Institutions**



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**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	Medical History © - 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)