



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

NOMINATION FORM

SR. NO	DETAILS	PARTICULARS
1.	i. Name of the Department	:
	ii. Central Office / Regional Office	:
2.	Name of the Programme	: Inspection Oriented Programme for the Officers of DoS (UCB)
3.	Dates of the Programme	: May 04-15, 2026 (in-campus)
4.	Duration of the Programme	: 10 Days
5.	Details of Nominated Officer	
	i. Name	:
	ii. Gender / Age	: Gender: Age:
	iii. Designation	:
	iv. Qualifications	:
	v. Mobile No.	:
	vi. Email Address	:
6.	Work Experience	
	i. Present Job Description	:
	ii. Experience in relevant field	: Years: Months:
	iii. Whether Officer has undergone the same programme earlier?	Yes / No

Signature/Stamp

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.

(Signature of the participant)
