Annexure- XVII

Nomination Form- Government Officials Training Programme

Training Programme Details:

Name of Training Programme	Deep Dive into Mobile Application Security Analysis
Name of Technology	Cyber Security
Resource Centre Name	C-DAC Hyderabad
Date of Training	Nov 22, 2021 to Dec 01, 2021

Personal Information of Trainee:

NAME Prof./Dr./Mr./Ms.			
DESIGNATION:		ORGANISATION:	
DATE OF BIRTH		GENDER(M/F)	
AADHAAR No./PAN/Voter ID/Passport/Driving License/Any other document specified by the State Government			
CONTACT NUMBER & E- MAIL			
NAME OF THE ORGANISATION/ DEPARTMENT			
COMPLETE ADDRESS / CONTACT NUMBERS / E- MAIL OF THE INSTITUTE			

Educational / Professional Qualifications:

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)			
SL.NO.	YEAR	DEGREE	UNIVERSITY/INSTITUTE

RESEARCH / TECHNICAL EXPERIENCE			
SL.NO.	YEAR	AREA OF EXPERTISE	CENTRE

Signature of the Participant

Recommended/Not Recommended
(By the Head of the Institute)

(SIGNATURE OF HEAD OF INSTITUTION)
Name & Designation with Seal