File No. Date

**Internal Note**

**Subject: Nomination for the Training/seminar/ workshop etc. titled\_\_\_\_\_\_\_\_\_\_\_\_\_\_ held at \_\_\_\_\_\_\_\_\_.**

1. Dr--------------Designation------------Campus------------- want to participate in the\_\_\_\_\_ event name\_\_\_\_ which will be held\_\_\_\_mention city name\_\_\_ on dated\_\_\_\_\_\_\_\_\_\_\_\_.
2. This training is about\_\_\_\_\_\_\_\_\_\_give information about the training etc and relevance with you in 3 to 4Lines\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Flag A**- brochure of training +CV of Applicant)
3. The registration fee of this is PKR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **(Flag B).**
4. \_\_\_\_\_\_\_mention other requirement need from FAST-NUCES\_\_\_\_\_\_\_\_\_\_\_-
5. The total Amount Rs\_\_\_\_\_\_\_\_\_\_\_ is required to attend this\_\_\_\_\_\_
6. Submitted for the approval of the Para 5 and above. please

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: Name: Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_ HOD\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus\_\_\_\_\_\_\_ Campus\_\_\_\_\_\_\_

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| **Recommended by**    Sign\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Director \_\_\_\_\_\_  **Endorsed by**    Sign\_\_\_\_\_\_\_\_\_\_\_\_\_  Rana Ayaz  Manager ORIC (I&C)  **Recommended by**  Sign\_\_\_\_\_\_\_\_\_\_\_\_  Dr. Uzair Khan  Director ORIC | **Verified by (Finance-ORIC)**  Sign\_\_\_\_\_\_\_\_\_\_\_\_  Ms. Sayeda Sadia Batool  GMO-ORIC |