

Annexure – II
Format for Nomination

Name of the Organization:	
Location of Unit/Plant	
Name of Laboratory Personnel	
Department	
Nos. of Year of Experience	
Phone No. (office)	
Mobile No.	
Email ID	
Alternate Contact Nos. if any	
Signature of Nominated Personnel	

Date:

Signature of Recommending Authority

Place:

Name:

Designation:.....

The nomination can be forwarded by email to

Dr Amol Khade (askhade@nddb.coop)

Dr Rajiv Chawla (rchawla@nddb.coop)