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size photograph,
self attested

STATE INNOVATIONS IN FAMILY PLANNING SERVICES PROJECT AGENCY

NOMINATION/APPLICATION FORM

CERTIFICATE COURSE IN HEALTH PROJECT MANAGEMENT

(To be filled in by the nominee/applicant in capital letters)

NAME & SURNAME: _____

GENDER: M___ F___ AGE: _____ DATE OF BIRTH: _____

ACADEMIC BACKGROUND

Qualification	Board/College/University/ Institution of Affiliation	Year of passing	Percentage	Any other comments
Class X				
Class XII				
Under Graduate Degree				
Post Graduate Degree				
Any additional qualification/Training				

WORK EXPERIENCE:

	Name of Organization	Designation	Duration of Employment
Current			
Past			

DESCRIPTION OF PRESENT RESPONSIBILITIES:

ENCLOSURES:

- Copy of CV
- 2 reference (Professional)

Course Fee Details:

(Course Fee: Rs. 3750/- (to be borne by trainee/sponsoring organization) payable to "SIFPSA", Lucknow)

- Draft for the Course Fee. Draft No _____ Date _____ Bank _____

ADDRESS FOR

COMMUNICATION: _____

CITY: _____

PINCODE: _____

PHONE (R) _____ **(O)** _____

FAX: _____

MOBILE: _____

EMAIL: _____

Date: _____

Signature _____

Nomination/Application Form with enclosed CV should be forwarded by post or email to: Training Coordinator, SIFPSA, 19 A Om Kailash Tower, V S Marg, Lucknow