

NOMINATION FORM

Nomination for Certificate Programme in Rural Livelihoods

Nominee Details

Nominee's Name:		Please paste Nominee's Stamp Size Photograph
Nominee's Father's Name:		
Nominee's Mother's Name:		
Date of Birth:		
ST/DNT/NT:		
Domicile:		
Nominee's postal address: <i>(include postcode)</i>	Nominee's Permanent address: <i>(include postcode)</i>	
Reason for Nominating:		

Nominated by

Name:	
Designation:	
Organisation:	
Address: <i>(include postcode)</i>	
Telephone:	
Mobile:	
Email:	
Relationship to nominee:	

I abide by the rules and regulation of selection procedure of BRLF. I solemnly certify that information mentioned above are true, complete and correct as per my knowledge and belief.

Place:

Date:

**Signature of Nominator
(With Stamp)**