

पंडित दीनदयाल उपाध्याय राष्ट्रीय सामाजिक सुरक्षा अकादमी PANDIT DEENDAYAL UPADHYAYA NATIONAL ACADEMY OF SOCIAL SECURITY

भविष्य निधि संगठन, श्रम एवं रोज़गार मंत्रालय, भारत सरकार EMPLOYEES' PROVIDENT FUND ORGANISATION MINISTRY OF LABOUR AND EMPLOYMENT, GOVERNMENT OF INDIA



No. V13/13/81/2023-24/PDNASS/764

28.02.2024

To,

All Additional Central Commissioners (Zones)
All In-Charge of Regional/Sub-Regional Offices/ZTIs

Subject: Nomination for DoPT sponsored Five days 'Evaluation of Training' (EoT) training programme scheduled to be held in PDNASS from 18th to 22nd March, 2024–Reg.

Madam/Sir,

Pandit Deendayal Upadhyaya National Academy of Social Security (PDNASS) is organizing a national level five days On–Campus training programme on 'Evaluation of Training' (EoT) from 18.03.2024 to 22.03.2024 sponsored by Department Personnel & Training (DoP&T), Govt. of India for the calendar year 2023–24.

- 2. The 'Evaluation of Training' (EoT) course is intended for institutional and departmental trainers. The course is especially suited to those who have a direct responsibility for the development, administration or management of an organization's functions. The trainers are the certified recognized Master Trainers (MTs) / Recognized Trainers (RTs) of Govt. of India. The Course is fully residential. Pandit Deendayal Upadhyaya National Academy of Social Security (PDNASS) has modest hostel facility. As per DoPT instructions, no course fee will be charged; TA/DA in respect of the participants to be borne by the sponsoring authority/organization.
- 3. You are requested to kindly give willingness of yourself and your subordinate officers for the above courses at the earliest possible so that we would be able to make the selection of the officers and necessary arrangements. Nomination form for is enclosed. The maximum number of participants allowed in this training are 16 so nominations will be finalized on first come first basis. The nomination dully filled in the specific format should reach PDUNASS at the earliest by email at natrss@epfindia.gov.in to enable us to make proper arrangements for the participants. After scrutiny of the application, the Department/Organisation/Institution will be informed and the selected participants will be provided the course material in advance to enhance the learning process. The Nominee MUST NOT be relieved to attend the course till their participation is confirmed by PDUNASS.
- 4. For any further information about PDUNASS or training programmes, please feel free to contact at Email, natrss@epfindia.gov.in. The application for nomination of participants and

sponsoring Authority's confirmation format may also be downloaded from EPFO Website with URL - www.epfindia.gov.in

(Please circulate this communication among all officers in your RO/SROS).

5. For any further information, please contact on +91 8860632216. The application for nomination of participants and sponsoring Authority confirmation format are enclosed.

Yours faithfully,

(SUYASH PANDEY)

Regional PF Commissioner-I/Course Director

NOMINATION FORM

Course name	Venue	Date
N. 1001000		
4	8	45

You may use photocopies of this form. Please complete in capital letters. Strike off items not applicable. Nominations should be submitted at least 4 weeks prior to the course dates to host institute.

NOMINEES INFORMATION

Name	
Designation	Since(date)
Department/ Institute/organization	
Scale of Pay	
Date of birth	
Sex:	Male/Female
Category:	SC/ST/General/OBC
Address for communication (with Pin Code) e-mail address	
FAX Number	
Telephone Number, Mobile, e-mail address	
Relevance of the training programme to the officer	
Details of other "Training of Trainers (ToT)" Courses attended, with dates	
	Designation Department/ Institute/organization Scale of Pay Date of birth Sex: Category: Address for communication (with Pin Code) e-mail address FAX Number Telephone Number, Mobile, e-mail address Relevance of the training programme to the officer Details of other "Training of Trainers (ToT)" Courses

NOMINATION FORM

Sponsoring Authority's Confirmation

1	Name of sponsoring authority	
2	Address for communication (with Pin Code)	
3	Telegraphic Address, e-mail	
4	Telephone Number	
5	Fax Number	
6	How does the nominee's participation relate to the training and development plan and policy of the sponsoring authority?	
7	Please give details of those you have sponsored for this course in the past, and any feedback you have taken from them on benefits to them and the organisation	

Certified that the given particulars are correct, the nomination is made after ascertaining the training needs of the nominee, and if selected the nominee will be relieved on full time basis for the programme.

Date

Signature & Seal of Sponsoring Authority