



# GLOBAL TRAINING INSTITUTE

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## NOMINATION FORM

Kindly, nominate participant(s) from your Organization by writing their full names, designation and course/seminar/event to be attended in the space below.

NO .	NAME	DESIGNATION	COURSE/SEMINAR/EVENT
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

### SEC: B1-FOR CUSTOMER USE

AUTHORIZED SIGNATORY

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICIAL RUBBER STAMP: \_\_\_\_\_

### SEC: B2- FOR OFFICIAL USE ONLY

TRAINING ADVISOR NO.: \_\_\_\_\_

APS: \_\_\_\_\_

OFFICE: \_\_\_\_\_

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