

FORMAT FOR APPLYING INHOUSE FACULTY OF RVPN

NAME OF EMPLOYEE :
EMPLOYEE ID :
DESIGNATION :
PLACE OF POSTING :
QUALIFICATION :
CONTACT NO. - OFFICE :
MOBILE :
EMAIL ID :
CORRESPONDING ADDRESS :

AREA OF SPECIALIZATION : T&C Wing , MPT&S Wing
Communication Wing ,
Accounts Wing , Civil Wing
Admn. Wing

TOPIC OF EXPERTISE AS :
PER TRAINING PROGRAMME/
TOPIC of the Training Planner
For F.Y. 2022-23

BRIEF RESUME/DETAILS/ :
EXPERIENCE OF EXPERTISE

SIGNATURE OF APPLICANT


M. N. SHARMA
SE(HRD&TRG.)