ODISHA FIRE & EMERGENCY SERVICES

NOMINATION FORM

(05 Days Basic Level Training on Execution and Audit of Fire Safety measures in different premises)

1. Nominee Details:

Name of Nominee: _____

Full Address: _____

Contact Number: _____

Email: _____

Date of Birth: _____

Gender: _____

2. Organization Details of the Nominee (if any):

Name of Organization: _____

Designation: _____

Address: _____

Phone Number: _____

Email ID: _____

3. Technical Qualification of the Nominee: _____

Signature of the Nominee_____

For Office Use Only

Nomination Received On: _____

Status: ☐ Accepted ☐ Rejected

Remarks: _____

Date: _____ Authorized Signatory: _____