

BSNL Part Time & Distance Learning Training Scheme

Name of Officer	
Designation	
Staff No.	
HRM No.	
Date of Birth	
Date of Superannuation	
Sex	
Category	
Complete Office Address	
Telephone No.	
Mobile No.	
E-mail	
Educational Qualification	
Name of the Course / Program	
Types of Program/Course	
Name of University/College/Institute	
Whether program / institute is duly approved by AICTE/UGC/MHRD	
Whether the course/ program is duly approved by Distance Learning Council	
Expected Commencement date of program	
Expected Completion date of program	
The Fees/Cost of the course	

Undertaking

The undersigned undertakes to refund the re-imburement claimed against the pursuance of the above mentioned course/ program as per scheme of "BSNL Part Time & Distance Learning Scheme, in the event of undersigned leaving the organization before 2 years from the date of the successful completion of course / program.

I hereby declare that the information provided as above is true & correct to the best of my knowledge.

Signature of Officer