

**ADMINISTRATIVE TRAINING INSTITUTE (ATI)  
GOVERNMENT OF ARUNACHAL PRADESH  
D-SECTOR: NAHARLAGUN**

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Website: [www.ati.arunachal.gov.in](http://www.ati.arunachal.gov.in)**

**No.TRG/ATI-32/2025**

**Dated Naharlagun the 24<sup>th</sup> June' 2025**

To,

1. The Secretary (SAD)  
Govt. of Arunachal Pradesh,  
Itanagar.
2. All Head of Offices  
Directorate of /Chief Engineer.....  
Govt. of Arunachal Pradesh,  
Itanagar/Naharlagun/Nirjuli

**Sub:- 3(three) Days Refresher Training on “Pay Fixation-I” for the Ministerial Staff of A.P. Civil Secretariat and Heads Offices within Capital Complex w.e.f. 15<sup>th</sup> to 17<sup>th</sup> July' 2025; Nomination of Participants thereof.**

The Administrative Training Institute (ATI), Govt. of Arunachal Pradesh, Naharlagun will conduct 3 (three) days Re-fresher Training on “Pay Fixation-I” for the Ministerial Staff of A.P Civil Secretariat & HoOs, Govt. of A.P at ATI Naharlagun w.e.f 15<sup>th</sup> to 17<sup>th</sup> July' 2025 under the sponsorship of DoPT, GoI, New Delhi under its Plan Training Assistance for the Year 2025-2026.

The objectives of the training programme is to enable the participants to: **acquire the knowledge on the provisions of Pay Fixation, sharpen the professional skills for practical application of the above provision in difficult types of cases, share and exchange practical experience & ideas in dealing with day to day problems in relation to fixation of pay.**

In view of the above, all the concerned Heads of Department/Offices situated at capital complex are requested kindly to nominate their officials as per the slot given below:-

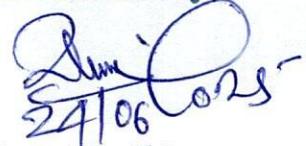
<b>Sl No.</b>	<b>Name of the Sponsoring Authority/Department</b>	<b>Level of Participants</b>	<b>No. of Slots</b>
1.	The Secretary (SAD), Govt. of Arunachal Pradesh, Itanagar.	Ministerial Staff	04 participants
2.	The Heads of Offices Govt. of Arunachal Pradesh, Itanagar/Naharlagun/Nirjuli.	-do-	02 -do-

The total number of participant is restricted to 25 (Twenty Five) only on “**first come first service basis**”. Therefore, the nominating authorities are requested to forward their nominations on or **before 11<sup>th</sup> July' 2025 alongwith mobile no. of nominees at the email ID & website given in the letter ahead above**. A copy of Nomination Form is enclosed. The nominating authorities and nominees should confirm their selection before joining the Programme from following persons:-

1. Shri Bittu Kri (APCS), Deputy Director ATI-cum-Course Coordinator- 8415079830
2. Smti Hage Yapa, SPA to Director ATI- 9615287487
3. Smti Chenga Lhamu (LA) ATI-9862174197

The Officials attending the training course are treated on duty and they must report to ATI by 9:00 A.M on 15/07/2025. The registration will be closed at 9.45 am and after which, late comers will not be entertained.

**Yours Sincerely,**



(Pate Marik)

**Director (Training)**

Administrative Training Institute,  
Naharlagun

**Memo No.TRG/ATI-32/2025** /3468-72 **Dated Naharlagun, the 24<sup>th</sup> June' 2025**  
**Copy for information and necessary action to:-**

1. The Secretary (AR & Training), Govt. of Arunachal Pradesh, Itanagar for information.
2. The SPA to Director ATI for information and necessary action.
3. Shri Bittu Kri, Deputy Director ATI-cum-Course Coordinator for necessary follow-up action.
4. Smti Chenga Lhamu (LA), ATI for information and necessary action.
5. The Office copy.

(Pate Marik)

**Director (Training)**

Administrative Training Institute,  
Naharlagun

## **NOMINATION FORM**

1. Programme Title : .....
2. Name of the Institute : .....
3. Venue : .....
4. Programme Dates : .....
5. Name of the Candidate : .....
- (In capital letter)
6. SC/ST/OBC/Others : .....
7. Date of Birth : .....
8. Designation : .....
9. Pay Matrix : .....
10. Basic Pay : .....
11. Academic Qualification : .....
12. Professional Qualification : .....
13. Address for the Communication (with Pin) : .....

Office Phone No..... email Id.....

Mobile No. of Nominee.....

Brief Description of the duties of the nominee:

Place:

(Signature of the Nominee)

Date:

### **TO BE FILLED IN BY THE SPONSORING AUTHORITY**

Certified that:-

- (a) The particulars given above are correct.
- (b) Due care has been taken of the training needs of the nominee(s) with reference to his/her present & future duties with reference to the contents of the course.
- (c) The nominee, If selected, will be relieved on full-time basis for attending the programme.

Address of the sponsoring authority for communication:

Address:

Contact No.: (A) Office:  
(B) Mobile:  
(C) Email Id:

Signature & Date of the Sponsoring Authority with Seal