

TRAINING CIRCULAR

ADMINISTRATIVE TRAINING INSTITUTE (ATI)

GOVERNMENT OF ARUNACHAL PRADESH

D-SECTOR: NAHARLAGUN

Email ID: atidir@rediffmail.com/atiaruanchal@gmail.com

Website: www.ati.arunachal.gov.in

No. TRG/ATI-20/2024/3541-3569 Dated Naharlagun the 03rd July' 2025
To

The Deputy Commissioner of Tawang/ Bichom /West Kameng/ East Kameng/Pakke-Kessang/ Upper Subansiri/ Lower Subansiri/ Siang/ Upper Siang/ West Siang/ East Siang/ Lower Siang/ Shi Yomi/ Leparada/ Kurung Kumey/ Papum Pare/ Kra Daadi/ Kamle/ Changlang/ Tirap/ Longding/ Lohit/Namsai/ Anjaw/ Dibang Valley/ Lower Dibang Valley/ Kayi Panyor/ Capital Complex.

Sub: -1) One day workshop for Training of Trainers (TOT) for Internal Complaint Committee (ICC) on 7th Aug' 2025.

2) One day workshop for Training of Trainers (TOT) for Local Complaint Committee (LCC) on 8th Aug' 2025.

Sir/Madam,

The Administrative Training Institute (ATI), Govt. of Arunachal Pradesh Naharlagun in collaboration with Women & Child Development Department will organize One day Workshop on **One day workshop for Training of Trainers (TOT) for (1) ICC & (2) LCC on 07th & 08th July' 2025-respectively.**

The main objectives of the workshop is to aware the ICC and LCC Members/Functionaries for proper implementation of the Act' 2013, under the Prevention of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

Slots for nomination is as under:

Sl No.	Nominating Authority	Name of Committee/Functionaries	Slot
1.	Deputy Commissioner	1. Internal Complaint Committee (ICC).	02 Members each District.
		2. Local Complaint Committee (LCC).	02 Members each District.

P/2

The intake capacity is restricted for 50 (Fifty) participants only on **"First come First Serve Basis"**. The format for nomination is enclosed herewith. Therefore, all the nominating authorities are requested to submit their nomination alongwith Contact details of the nominees **on or before 01st August' 2025** at the email ID given at the letter head. The nominating authorities and nominees should confirm their selection before joining the workshop from following persons:-

1. Shri Bittu Kri (APCS), Deputy Director-cum-Course Coordinator – 8415079830
2. Smti Hage Yapa, SPA to Director ATI – 9615287587
3. Smti Chenga Lhamu, LA –7005239216

The participants should report at ATI at 0900 Hrs for registration and registration will be closed at 0950 Hrs.


Sd/- (Pate Marik)
Director (Training)
Administrative Training Institute
Naharlagun

Memo No.TRG/ATI-20/2024

Dated Naharlagun the 3rd July' 2025

Copy for information and necessary action:-

1. The Secretary (AR & Training), Govt. of Arunachal Pradesh, Itanagar for information
2. The Director Women & Child Development Department, Govt. of A.P for information.
3. The SPA to Director ATI for information.
4. Shri Bittu Kri (APCS), Deputy Director-cum-Course Coordinator for necessary follow up action.
5. Smti Chenga Lhamu (LA) for information and necessary action.
6. 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