

CORRIGENDUM

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

**Email ID: atidir@rediffmail.com/atiaruanchal@gmail.com
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No.TRG/ATI-20/2024/3596-3630

Dated Naharlagun the 08th 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(s),

In continuation of Training Circular letter of even No. dated 03rd July 2025, it is to inform that the Training dates is shown as “ on 7th & 8th July 2025 “ inadvertently instead of 07th & 08th Aug.' 2025. Therefore, it is requested to read the scheduled dates of Training as on “ **07th and 08th August 2025**. The other term and conditions of Training circular remains the same. **The inconvenience is regretted.**

Sd/- (Pate Marik)

Director (Training)
Administrative Training Institute
Naharlagun

Memo No.TRG/ATI-20/2024

Dated Naharlagun the 8th 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