

(TIME BOUND)

**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

TRAINING CIRCULAR

No. TRG/ATI-10/2026

Dated Naharlagun the 21st Jan.' 2026

To,

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

Sub: -3(three) Days Training Programme on "Disaster Management" for the Group 'A' & 'B' Officers of A.P. Civil Secretariat and Heads of Offices within the Capital Complex from 23rd to 25th February, 2026-Nomination of Participants thereof.

Sir/Madam,

Administrative Training Institute (ATI), Govt. of Arunachal Pradesh, Naharlagun will conduct a 3 (three) days Training Programme on "**Disaster Management**" for the Group 'A' & 'B' Officers of A.P Civil Secretariat & HoOs within the Capital Complex, Govt. of A.P at ATI, Naharlagun 23rd to 25th February 2026 under the sponsorship of DoPT, GoI, New Delhi, under its Plan Training Assistance for the Year 2025-2026.

The objective of the training programme is to sensitize the participants with environment friendly building practices, multi-hazard preparedness, response and mitigation plan for Disaster risk management. In view of the above, all the concerned Heads of Department/Offices situated at capital complex are requested kindly to nominate their officers as per the slot given below:-

Sl No.	Name of the Sponsoring Authority/Department	Level of Participants	No. of Slots
1.	The Secretary (SAD), Govt. of Arunachal Pradesh, Itanagar.	Group 'A' & 'B' Officers.	02 participants
2.	The Heads of Offices Govt. of Arunachal Pradesh, Itanagar/Naharlagun/Nirjuli.	-do-	02 participants

Contd.@P/2

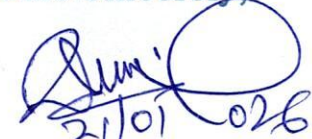
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The nominating authorities and nominees should confirm their selection before joining the Programme with the following officials:-

1. Smti Anima Mize, Deputy Director-cum-Course Coordinator-9862687867
2. Smti Hage Yapa, SPA to Director ATI – 9615287487
3. Smti Chenga Lhamu (DA)- 9862174197

The total number of participants is restricted to 25 (Twenty Five) only on **“first come first service basis”**. The Nominations may be sent in the prescribed format enclosed herewith to reach ATI, Naharlagun on or before **19/02/2026** or can be mailed **alongwith the mobile no. of the nominees at the Email ID given in the letter ahead above.** The Officers selected for the Training Programme should attend the Programme on a full time basis and must report to ATI by **9:00 A.M on 23/02/2026.**

Yours Sincerely,



(Pate Marik)

Director (Training)

Administrative Training Institute,
Naharlagun

Memo No. TRG/ATI-10/2026/9036-42
Copy to:-

Dated Naharlagun, the 21st Jan.' 2026.

1. The Secretary (Training), Govt. of Arunachal Pradesh, Itanagar for information.
2. The SPA to Director ATI for information and necessary action.
3. Smti Anima Mize, Deputy Director ATI-cum-Course Coordinator for necessary follow-up action.
4. All Deputy Directors for information.
5. Smti Chenga Lhamu (DA), ATI 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 latter)
6. SC/ST/OBC/OTHERS :
7. Date of Birth :
8. Designation :
9. Pay Scale :
10. Basic Pay :
11. Academic Qualification :
12. Professional Qualification(if any) :
13. Address for the Communication (With PIN) :
- Fax No. Phone No. (Office) : Phone No. (Resi):
- Brief Description of the duties of the officer:

(Signature of the Candidate)

Place:

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 officers nominated with reference to his present/future duties vis-à-vis the contents of the course.
- (c). The officer, if selected, will be relieved on full- time basis for attending the programme.

Address of communication to sponsoring Organization:

PIN

PHONE

FAX

Place:

Date:

Signature of the Sponsoring Authority with Seal