$\frac{\textbf{CHANGING OF DESIGN TRAINING OFFICE}}{\textbf{TRAINING OPPORTUNITY}}$

01. PF Number :	
02. Name with Initials :	
03. Date of Appointment to RDA:	
04. Present Office :	
05. Office T.P. No. : Mobile No	:
E-Mail Address:	
PART A: Changing of Design Training Office (Fill Only If You Wish to Change the Design Train	ning Office)
i. What was your previous preferred the Design Training Office:	
ii. What is the New Design Training office, you wish to und	
iii. Reasons for change the Design Training Office:	
PART B. Postponing of Design Office Training Opportu (Fill only If You Wish to Postpone Your Design O	· ·
i. Up to what Date, you wish to postpone your Design Offic	
ii. Reasons for Postpone the Design Office Training Opport	cunity:
06. Do you follow any M.Sc. / PG. Diploma / M. Phil at pre	esent? (Yes / No)
07. If your answer is "Yes" please give the following detail	ils
 Date of Registration: Name of University or Institute: Details of the course: Expected date of completion: 	
I hereby supersede my previous Design Office Training	Application.
Date:	Signature
Internal use only	Reference No: RDA/ T / DOT/203-I
Application received date	Entered by
Remarks:-	