



### Employee Nomination Form

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

CASE Roll No: \_\_\_\_\_  
Please mention your full Roll Number

Nomination Semester:  Spring  Summer  Fall Year \_\_\_\_

Sponsoring Agency:  CASE  CARE  Other \_\_\_\_\_

Sponsored for: \_\_\_\_\_ Course (s) Other \_\_\_\_\_

#### Previous Semester Result

Course Code	Course Title	Grade

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended by \_\_\_\_\_ Signature \_\_\_\_\_  
(Respective Manager's Name)

#### For HR Office Use Only

Date of Joining \_\_\_\_\_ Eligible / Not eligible Signature \_\_\_\_\_

Approved by : \_\_\_\_\_

#### For Accounts Office Use Only

Actual Payables	Discount	Balance Payable

Database Updated by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_