



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 _____