NOMINATION FORM

(To be filled in by the Central or State FPB/FSL/UT etc. at the time of forwarding the roll of a candidate for All India Board Examination)

1. Name of the Candidate:

2. Designation:

3. Name of the Bureau/Institution / Unit of the U.T. where working:

4. Educational Qualification:

5. Period/Periods of continuous/ broken practical experience including training in CFPB, State FPBx or FSLs/ U.T.s/ etc.:

6. Whether found fit in the screening test by technical head of the Bureau or the FSL/or concerned forwarding authority:

7. Subjects in which the candidate will appear:
   (i) Theory
   (ii) Practical
   (iii) Viva-Voce.

8. Specimen Signature of the candidate:

9. Certificate

Certified that according to the constitution of All India Board Examination for Finger Print Experts, Shri/Smt/Kumari ________________________________ is eligible to appear in the All India Board Examination to declare officers of State/FPBx/CFPB/FSLs UTs as Finger Print Experts to be held in November, 2016. Also certified that the above candidate passed in...................... in the examination(s) held in ............. ............ and will not appear in......................

Signature:

Designation:

State/FPB/CFPB/FSL/UT: