

**OFFICE OF THE JS & CAO**  
**(Defence Headquarters Training Institute)**

**Sub: WORKSHOP ON ROLE & FUNCTIONS OF INQUIRY OFFICER /  
PRESENTING OFFICER: 13 DEC 2018**

1. Defence Headquarters Training Institute (DHTI) will be organizing a specialised workshop on Role and Functions of Inquiry Officer / Presenting Officer on **13 Dec 2018** in its premises at Room No.185-A, 'B' Block.
2. **Aim:** To impart the knowledge & skills in functioning of IO / PO in Departmental Inquiries.
3. **Eligibility:** All civilian officers & Service officers working in three service HQrs & ISOs.
4. **Objectives** : At the end of the course, the participants will be able to:-
  - a) List the objectives of Departmental Inquiry;
  - b) Describe the functioning of IO and PO during the Preliminary Hearing;
  - c) Describe the functioning of IO and PO during the Regular Hearing;
  - d) List essential of Recording of Evidence, Examination-in-chief and Cross Examinations;
  - e) Describe the salient points of Evaluation of Evidence;
  - f) List the essentials of Inquiry Report'
5. The applications of officers desirous of undergoing the course may be forwarded in proforma at Appendix 'A' to this note, duly recommended by **07 Dec 2018**.

  
(Puneet K Sharma)  
Asstt Director, DHTI  
Tel. 23014680

As per standard distribution list

MoD, O/o JS & CAO, I.D. No. A/26005/97/CAO/Trg dt **14** Nov 2018

CAO/EDP-Cell - for upload on website, please.

**WORKSHOP ON ROLE & FUNCTIONS OF  
INQUIRY OFFICER /PRESENTING OFFICER  
(13 Dec 2018)**

**APPLICATION PROFORMA**

1. Name (In English) :
- (In Devnagri Script) :
2. Employment ID No./Service No. :
3. Date of Birth :
4. Designation :
5. Nature of Duties being performed at :  
present clearly bringing out involvement.
6. Complete Office Address :  
(including Directorate, Room No.,  
Block No. etc)
7. Telephone No. :

**(Signature of the Applicant)**

**RECOMMENDATION OF THE OFFICER UNDER WHOM WORKING**

File No. .... dated.....

Certified that in the event of selection of, Shri/Smt/Kum  
\_\_\_\_\_ for the above mentioned course, he/she will  
be relieved by this office to attend the course.

CAO/DHTI, 185-A, B-Block

Signature  
Name & Designation  
Office & Tele No.