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

Sub: WORKSHOP ON OFFICE PROCEDURE, NOTING & DRAFTING (30-31 DEC 2019)

- 1. Defence Headquarters Training Institute (DHTI) will be organizing a two day's workshop on Office Procedure, Noting & Drafting on 30-31 Dec 2019 in its premises at Room No.185-A, 'B' Block. The course is of full day duration from 0930 hrs to 1700 hrs.
- 2. <u>Eligibility:</u> The workshop is meant for all AFHQ Officials and Service Personnel working in various service HQs/ISOs. The course capacity is **25**. Applicant should preferably be below **58** years of age.
- 3. <u>Aim of the course:</u> The aim of the course is to equip the participants with knowledge and skills to relate to Office Procedure, Noting & Drafting.

3. Objectives:

- (a) To state steps involved in Office Procedure.
- (b) To determine the quantum of noting in different types of cases.
- (c) To edit office writing to make it simple and meaningful.
- (d) To write a structured note with reference to a given problem.
- (e) To identify suitable forms of communication for communication of govt. decision.
- (f) To list minor staff duties.
- (g) Draft an effective official communication.

4. The applications of officers desirous of undergoing the workshop may be forwarded in proforma at Appendix 'A' to this note, duly recommended by **20 Dec 2019 (Friday)**. Selection of the candidates will be based on first come, first served basis.

(Praveen Bahuguna)
Asstt. Director, DHTI
24 Oct 2019

AS PER STANDARD DISTRIBUTION LIST

Copy to:-

CAO/EDP Cell: For uploading on CAO's website.

MoD, JS & CAO, I.D. No.A/26002/112/CAO/Trg dt. Oct 2019

WORKSHOP ON OFFICE PROCEDURE, NOTING & DRAFTING (30-31 Dec 2019)

APPLICATION PROFORMA

1.	Name (In English)	:
	(In Devnagri Script)	:
2.	Employment ID No./Service No.	Ē
3.	Date of Birth	·
4.	Designation	:
5.	Nature of Duties being performed at present clearly bringing out involven	: nent.
6.	Complete Office Address (including Directorate, Room No., Block No. etc)	: :
7.	Telephone No.	:
		(Signature of the Applicant
	RECOMMENDATION OF THE OFFICE	ER UNDER WHOM WORKING
File l	No	dt
ment	Certified that in the event ioned course, he/she will be relieved b	of selection of, Shri/Smt/Kum for the above y this office to attend the course.
<u>CAC</u>	/DHTI, 185-A, B-Block	Signature : Name & Designation : Office & Tele No. :