



Central Purchase Office

Aligarh Muslim University, Aligarh

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Ref. No.: D- 84 / CPO/2019-20

Dated: 24th April 2019

Workshop on GeM

In continuation of the workshop on GeM organized by the Central Purchase Office held on 02-03-2019 and also in the light of Circular Ref. No. D-17/FO/CPO/2019-20 Dated:11.04.2019, a workshop-cum-discussion is going to be organized in the first week of the May, 2019 (01st to 03rd May) for the University staff of various Departments/ Halls/ Offices etc. On this occasion Mr. Praveen Kumar Wadhvani, Business Facilitator (National Mission on GeM), Lucknow, Uttar Pradesh will address the participants as resource person.

All the University Functionaries/ HoDs/ PAOs are requested to nominate the concerned person of his/ her Departments/ Halls/ Offices etc. on overleaf proforma and submit by 29.04.2019 to the Office of the undersigned so that necessary arrangement may be made. This may be treated as mandatory.


(S Ziauddin Shah)

Assistant Finance Officer

Distribution: (for information & wide publicity)

- All Deans of Faculties / Dean Students' Welfare/ Proctor
- All Chairmen of the Departments of Studies.
- All Director / Coordinator of the Centre / Institutes / Unit.
- All Head of Offices / MICs / OSDs.
- All Principals of Colleges / Polytechnics / Schools.
- All Provosts of Halls of Residence / NRSC.
- All Joint Registrars / Joint Finance Officers / Joint Controllers.
- All Deputy Registrars / Deputy Finance Officers / Deputy Controllers.
- All Assistant Registrars / Assistant Finance Officers / Assistant Controllers.
- All Principal Investigator through their HoDs
- Assistant Registrar VCs / PVCs Secretariat.
- P.S. to Registrar / Finance Officer / Controller of Examination

Aligarh Muslim University, Aligarh

Nomination regarding Workshop-cum-Discussion (May-2019)

| Sl. No. | Name | Designation | Personal ID | Office Internal Number | Mobile Number | Name of Halls/ Department/ Office/ Organization etc. |
|---------|------|-------------|-------------|------------------------|---------------|--|
| 1 | | | | | | |
| 2 | | | | | | |

Signature of HOD:

Name of HOD:

Extension/ Internal Phone No.:

Seal: