**Ministry of Public Service, Administrative and Institutional Reforms**

**NOMINATION FORM**

**Detail of Contact Person(s) for Implementation of the Sandbox Framework**

**Ministry/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Title** | **First Name** | **Last Name** | **Designation** | **Email Address** | **Contact Number (Office & Mobile)** | **TIC Member (Yes/No)** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**