DATED: 05/10/2020

E-MAIL / FAX MESSAGE

To: DGsP/ADGsP of all States / UTs.

Info: IGsP(Training) of all States/UTs

From: Director, National Crime Records Bureau, MHA, Mahipalpur, NH-8, New Delhi-110037.

TRG(011)/DWFT/HIS/06/2020/NCRB

Subject: Asking nominations for "Dark Web Forensic Training (DWFT) workshop" at NCRB under U.S. Department of State's Export Control and Related Border Security (EXBS) Program and the U.S. Department of Homeland Security from 1st February to 6th February 2021.

The Eligibility criteria is Sub-Inspector and above having basic knowledge of Cyber/Digital Forensic. The Objective of the course is to provide practical knowledge of Dark Web Forensic. The course will be in English language only.

Please expedite to send nominations of at most two eligible willing officers meeting the minimum eligibility criteria as mentioned above along with the duly filled Performa attached herewith so that the same can reach NCRB, New Delhi by 15th November 2020 on the e-mail id (training@ncrb.nic.in, ncrbtrg@gmail.com) or by FAX No. 011-26782257. The U.S. Department require time to verify the proposed candidates profile before sending the confirmation. Kindly intimate the contact details (E-Mail and Mobile No.) of the nominated officers / officials to ensure timely communication.

Practip De, IPS)

Assistant Director (Training) **☎** 011-26735432/FAX: 011-26782257

Email:-training@nerb.nic.in/ nerbtrg@gmail.com

Mandatory Informations Required with the Nomination

Unit Name (For example: Indian Customs, CBIC, Tax, Legal, Policy, Investigations, DRI, DGFT etc.) Unit Description (For example: Department of Revenue, Dept. of Customs, Ministry of Finance, Ministry of Commerce etc.) Parent Organization (For example: CBIC, CBEC etc.) Unit Location (For example : Delhi, Mumbai etc.) * Is the nominee Head of the Unit (Yes/No) Surname/ Last name Given Name Passport No *National ID Card (For example: Aadhar Card, Voter ID, Driving License etc.) Title/Rank/ Designation Father's Name Mother's Name * DOB * City/Village * State/Province * Country Nationality * Country * Sex (M/F) *Contact Details (Email address/Phone No)