FORM FOR CHOICE OF NODAL DISTRICT (For all Members of Parliament)

District Opted :	
•	
District Address :	
PIN:	
State/UT in which the district falls :	
Full Name (In capital Letters): Date:	(SIGNATURE)
Permanent Address	Delhi Address
PIN: PIN:	
Γelephone with STD	Гelephone
Fax (Any change in the addresses in future may	E mail v also be intimated immediately)
Γο,	,
Director (MPLADS),	
Ministry of Statistics and Programme I Government of India,	mplementation,
Sardar Patel Bhawan, Parliament Stree New Delhi 110001.	t,
Copy to Shri/Smt	Secretary, N