

Format of Registration

1. Name of Participants :
2. Designation (if any) :
3. Qualification :
4. Experience in the field :
5. Address of Communication :
With Tel. No. & E-mail ID.
6. Employer's Address /
Name of Organization :
7. Accommodation : Requested _____ Not Requested _____
8. Whether applying for TA : Yes _____ No _____
(2nd class sleeper fare for participants)
9. Working lunch (choices) : 17th (V / NV) 18th (V/ NV) 19th (V / NV)

Signature of the Candidate

Remarks of the sponsoring authority with official seal and date.

Date:

Remarks of Course Co-ordinator: