**Registration Form**

Name :

DOB & Age :

Sex :

Designation :

Institution :

Type : Govt./ Aided/self-financing

Address for communication:

Phone(Office) :

Phone(Mobile) :

e-mail :

Qualification :

Experience :

Food Preference: Vegetarian/Non -Vegetarian

**Declaration**

The information provided above is true to the best of my knowledge and belief. If selected, I agree to abide by the rules and regulations of the training programme and shall attend the course for entire duration. I also undertake the responsibility to inform the coordinator, in case I am unable to attend the course.

Place:

Date: Signature of Applicant

**Sponsorship Certificate**

Mr./Ms./Dr……………………………………………….…..is an employee of our institution and he/she is hereby sponsored for the above training programme. The applicant would be permitted to attend the course, if selected.

Signature of Sponsoring Authority

Place:

Date:

 Office Seal