

**Training Programme on
Septage Management: Towards City wide Sanitation**

November 18-20, 2015

Paste your
Photograph
here

REGISTRATION FORM

Name: (capital letters) (Mr./Ms/Dr/Prof.)

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Nationality

Qualification:

Designation and Organization:

Official Address:

..... PIN

Phone No.: Fax No:.....

Official Email: Website:.....

Residential Address:.....

Phone No.:

Personal Email:

Emergency Contact:Phone No.:.....

Relation with Participant.....

How did you come to know about this training programme?

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What are your expectations from this training programme?

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Medical Details

- 1. Do you have medical insurance? If yes, kindly provide the name of the company and the amount insured.

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- 2. Do you have any history of chronic illness?

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- 3. Kindly provide details of medication you take in case of emergency (e.g. inhalers, life-saving drugs etc).

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Signature