Field Exposure Visit
December 14 - 18, 2015

REGISTRATION FORM

(Kindly fill up in the space provided. Use capital letters.)

Previously attended training programme: ……

Contact Details

Name (Mr./Ms/Dr.):…..……..……..

Qualification: ….....

Designation and Organization:……...

Official Address: ……..……..

…… PIN ……..……

Phone No.: …….. Fax No:……

Official Email: ……Website:……

Residential Address:……..……

Phone No. (Res.): ……..…….....

Personal Email: ……..……

Emergency contact:

Name	Relationship with participant	Contact number

Medical Details

1. Do you have medical insurance? If yes, kindly provide the name of the company and the amount insured.
   ……..
   ……
2. Do you have any history of chronic illness? Kindly give details.
   ……..
   ……..
3. Kindly provide details of medication you take in case of emergency (e.g. inhalers, life-saving drugs etc).
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   ……

Expression of Interest

What are your expectations from this field exposure visit? ……

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Kindly tick mark (✓) as per interest.

Visit to northern states:	
Visit to southern states:	

Signature ……..