

Nomination Form
Programme on

FAECAL SLUDGE & SEPTAGE MANAGEMENT

(January 21-23, 2019)

Nominee's Contact Information :

Name (Mr/Ms) :	_____	Date of Birth :	_____
Designation :	_____	Qualification :	_____
Organisation :	_____		
Address :	_____		
Phone(s) :	(Off) : _____	(Mobile) :	_____
		Home :	_____
e-mail :	_____	Fax :	_____

Sponsor's Details

Name of the Sponsoring Authority _____	Designation _____
Organisation :	_____
GSTIN :	_____
Address :	_____
	_____ Pincode : _____
Phone(s) :	(Off) : _____ (Mobile) : _____
e-mail :	_____ Fax : _____

Fee Particulars

Amount Payable :	_____	Mode of Payment (DD/Chq/NEFT) :	_____
Name of the Bank :	_____	Date of Instrument/Transfer :	_____
Instrument Number :	_____	UTR Number for NEFT :	_____

Medical Insurance

Name of the Insurance Agency	Policy Number	Validity upto

Note : Coverage should be available in Hyderabad, India

Signature and Official Seal of the Sponsoring Authority :