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"Training	Programme on
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Date:

APPLICATION FORM

(PLEASE FILL UP THE PARTICULARS IN BLOCK LETTERS)

1.	Name of the Participant								
2.	Ageyrs.	Sex:		Male		Female			
3.	Educational Qualification								
4.	Occupation (with designation)								
5.	Name and address of the Organization :								
	PIN Phone No								
	Fax No								
	Email ID								
	Whats App No								
6.	Designation								
7.	Years of experience								
8.	Reason for participating in Training Programme								
9.	Whether participated in Kendra programme before								
10.	DD No Da	ated	Amount	ī					
(Signature of the sponsoring organization) (Signature of the participant)									
(If sponsored by an organization, please attach copy of the letter with the application)									

Please note

- 1.
- Only confirmed participants allowed to participate. Send E-mail or use this form while forwarding application. 2.