

For office use

Received on: _____

Registration no: _____

TRAINING PROGRAMME
ON
BIOMEDICAL WASTE MANAGEMENT FOR NURSES

Kerala State Pollution Control Board,
Pattom, Thiruvananthapuram, 695004

19th September 2002

At Mannapuram Hotel, Kuruppam Road, Thrissur, 680 001.

REGISTRATION FORM

1. Name of participant :
2. Designation :
3. Name of organisation :
4. Address for communication:
 - a. Telephone office & residence :
 - b. Fax number :
 - c. E-mail :
5. Details of course fee remitted
 - a. Amount : Rs.
 - b. Demand draft number :
 - c. Date :
 - d. Bank :

[Signature with seal of
Nominating Authority]

[Signature of participant]