

Registration Form

Name of the Training Course:.....

* Required

1. Title *

Ms

Mr

2. Full Name of the participant *

3. Designation *

4. Date of Birth *



5. Mobile No. (Whatsapp No.) *

6. GOV-Mail ID *

7. Educational Qualification *

8. Commissionerate / Department of Posting *

9. Place and State of Posting *

10. Alternate Phone number in case of emergency *

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