

**Short term Training Course on Occupational  
Health & Safety for Medical Professionals  
December 17 to 19, 2018**

**Registration Form**

**Name** .....

**Age** .....

**Gender (Male / Female)** .....

**Current Education** .....

**Organization** .....

**Education Background** .....

**Address** .....

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**Contact (Mobile) No.** .....

**Email** .....

**Expectations from the Workshop:**

**Details of Registration fee: Rs. 500/= (In favour of Officer-In-Charge, Regional Occupational Health Centre (E), payable at Kolkata)**

DD No:

Bank:

Issue Date:

Amount:

Rupees in words:

**Signature of Candidate**

**Limited accommodation may be available on prior intimation on a first come first serve basis**

The filled in registration form along with the demand draft may be sent to the following address with "**Short term Training Course on Occupational Health & Safety for Medical Professionals**" mentioned on the envelope

**The Organizing Secretary, ICMR-Regional Occupational Health Centre, Eastern, Block DP1, Sector V, Salt Lake, Kolkata 700091, Tel: 033-2367 4390/4955/3262 Fax: 033-2367 6683**