

Registration Form

1. Name (As desired on certificate):

2. Qualification:

3. Institution:

4. Mobile Number:

5. Email (required):

6. Address for communication :

7. Payment details:-

a. Amount: Rs. 1000 (DD no.....Date.....Bank & branch.....)

b. Paid by: DD in favour of "Officer-In-Charge, Regional Occupational Health Centre (E) "
payable at Kolkata

Note:

1. The maximum intake for the Training is 30.
2. Self-assessment test will be taken in the last session.
3. Certificate of participation will be given to only those participants who are present in all the sessions.
4. Certificate of merit will be given to only those participants who score 70% or above in self assessment test.