Training Request/Registration Form

1.   Name   :_ _____

2.   DOB   :_ _____

3.   Gender   : _____

4.   Nationality   :_ _____

5.   Qualification   :_____

6.   Occupation/Designation :_____

7.   ID Proof   :_____

8.   Organisation   :_____

9.   Address   :_____

10.   Area of work   :_____

11.   Work experience   :_____

        (Geo informatics /   _____

        Mountain geo-hazards)   _____

12.   Contact Numbers

       (a) Telephone

       -   Office   : _____

       -   Residence   : _____

       -   Mobile   : _____

       (b) Fax   : _____

       (c) E-Mail   : _____

13.   Covid vaccination status (Fully vaccinated / Partially / Not Done) : _____

Date: Signature

Recommendation from Head of the Institute