

Training on e-Waste Management
By
NIELIT Ranchi, RIADA Bhawan 2nd Floor Main Road Ranchi

Registration Form

Type of Training: One day: ☐ Three days: ☐

1. Name(In Block Letters):

2. Date of birth: _____ Sex (Male/Female): _____

3. Designation: _____ Grade Pay: _____

4. Organization/Department/Institution: _____

5. Address for communication: _____

6. Mobile Number: _____

7. Email: _____

8. Highest Qualification: _____

9. Specialization: _____

10. Years of Experience: _____

a) Teaching (if any): _____

b) Industry (if any): _____

11. Area of work/interest: _____

The information furnished above is true to the best of my knowledge. I agree to abide by the rules and regulations governing the course.

Place: _____

Date: _____

Signature of the official