Call for Nomination

**Application Form**

**Two Days Training Course on Overview of Planning Considerations & Design Norms 24 x 7 for Urban & Rural Water Supply As per Central Public Health Engineering Organization (CPHEEO) Manual March 2024 (Drink From Tap) - Vision 2047**

***Jointly Organized by IPHE and WatsanCAD Solution***

***Venue : RCVP Narohona Academy of Administration, Bhopal (MP) INDIA***

***22nd & 23rd June 2024***

***Last date of Nomination:15thMay2024***

***Early Bird Nomination: 30th April 2024***

***Fill the application form and send us at*** [***trg.wcs@gmail.com***](mailto:trg.wcs@gmail.com)

***Or***

***Post us at : WatsanCAD Solution, 68, Amrapali Enclave ChunnaBhatti, Kolar Road, Bhopal – 462 016***

**Sponsorship by : Department / Industry**

**Personal details**

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| **LAST NAME** | | | **FIRST NAME** | | | | **MIDDLE NAME** | |
|  | | |  | | | |  | |
| **SEX** | | | **BIRTH DATE** | | | | | |
| **Woman** | **Man** | |  | | | | | |
|  |  | |  | | | | | |
| **COUNTRY OF RESIDENCE** | | |  | | | | | |
| **CITY** | | |  | | | PINCODE | | |
| **STATE** | | |  | | |  | | |
| **MAIL ADDRESS** | | |  | | | | | |
| **E-MAIL** | | | 1) | | | 2) | | |
|  | | | **Country Code** | **Area Code** | | **Number** | | |
| **PHONE** | | |  |  | |  | | |
| **FAX** | | |  |  | |  | | |
| **MOBILE** | | |  |  | |  | | |
| **DOCUMENT OF IDENTIFICATION** | | | | | | | | |
| **Passport Details** | | **COUNTRY OF ISSUE** | | |  | | | |
| **PASSPORT NUMBER** | | | **Date of Issue** | | | **Date of Expire** |
|  | | |  | | |  |
| **LANGUAGES** | |  | | | | | | |
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**Occupation**

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| **JOB OR PROFESSION** |  |
| Professional or technical specialization |  |

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| **POSITION YOU HAVE IN THE PROJECT, INSTITUTION, COMPANY OR ORGANIZATION / DEPARTMENTYOU BELONG TO:** *(POSITION OR ASSIGNMENT NAME)* |
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| **NAME OF THE PARTICIPANT, PROJECT, INSTITUTION, COMPANY OR ORGANIZATION / DEPARTMENT** |
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| **NAME OF THE SPONSORING AGENCY, INSTITUTION, COMPANY OR ORGANIZATION / DEPARTMENT** |
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| **MAIN ACTIVITIES OF YOUR PROJECT, INSTITUTION, COMPANY OR ORGANIZATION / DEPARTMENT** |
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| **PROJECT, INSTITUTION, COMPANY OR ORGANIZATION / DEPARTMENTCONTACT INFORMATION** | | | |
| **STATE / COUNTRY** |  | | |
| **CITY** |  | | |
| **ADDRESS** |  | | |
| **EMAIL** | 1) | | 2) |
|  | **Country Code** | **Area Code** | **Number** |
| **PHONES** |  |  |  |
| **FAX** |  |  |  |
| **MOBILE** |  |  |  |

|  |  |
| --- | --- |
| Tick the Category | Category |
|  | Government / Academic Institutions sponsored per participant Rs. 20000/- i/c GST @18.00% |
|  | or Industry /NGO / Consulting firms sponsored per participant Rs. 25000/- i/c GST @18.00% |
|  | or In-case of per participant other than India @ $500 i/c GST @18.00% |

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| ***On receipt of the nominations, acceptance will be notified by e-mail & mobile and only there after participants are requested to send Course fees as per demand***  ***Payment may be made by Electronic Fund Transfer (EFT) to WATSANCAD SOLUTION –***  ***Bank Details are as under***  ***Mode of payment Transfer : RTGS / NEFT or through Bank Draft payable in favour of Watsancad Solution, Bhopal, Madhya Pradesh (INDIA).***  **The Account Details are as follows :**  Account Holder Name : **WATSANCAD SOLUTION, BHOPAL**  Account Type : Current  Bank Name : State Bank of India  Branch : Kolar, Bhopal  Account Number : 51032940551  IFSC Code No : SBIN0030513  MICR No : 462005021  ***Swift Code :*** *SBININBB268*  *For Participants outside India should transfer the amount in favour of WATSANCAD SOLUTION – A/c No. 51032940551 with State Bank of India, Branch Kolar Road, Bhopal, Swift Code : SBININBB268 and IFSC Code No. SBIN0030513* |