

REGISTRATION FORM

NATIONAL-LEVEL TRAINING ON
DEWATS PROJECT MANAGEMENT

6 - 8 JAN 2010

Name (Mr./Mrs./Ms.)

Age _____ Gender: Male Female

Designation

Company / Organisation

Mailing Address

Telephone _____ Mobile _____

Email _____

Duties and Responsibilities

Educational Background

| Degree | Field of Study | Year |
|--------|----------------|------|
| | | |
| | | |
| | | |

Proficiency in English

Speak Understand Read

Please tick the sector to which your organisation belongs:

Government Public Sector Private Sector
Not-for-profit Consultancy Entrepreneurship

VENUE

Centre for Advanced
Sanitation Solutions
(CASS)

BENGALURU

Organised by:



Consortium for
DEWATS
Dissemination
Society

Supported by:



BORDA

Bremen Overseas Research and
Development Association



Rajiv Gandhi Rural Housing
Corporation Limited

**Send your
registrations to:**

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OMBR Layout, Banaswadi Post
Bangalore 560043 INDIA
Tel/Fax: +91 80 25452804/805
Email: bangalore@cddindia.org