



WATER QUALITY, TESTING & TREATMENT TECHNOLOGIES'

Jal- Secure Programme, an initiative of Wockhardt Foundation, aims to ensure water security in the country, particularly for the welfare of the vulnerable, poor and socially backward communities. Under this program, technological interventions on state of the art technologies pertaining to rain water harvesting, ground water recharge, water quality monitoring, water treatment, and capacity building with stake holders are being promoted in a big way.

Training courses and workshops are indeed the most apt platform to share knowledge and network with peers and experts. Keeping in view of the emergent need for capacity building of the professionals engaged in management of water, Wockhardt Foundation along with CSR Advisors announces one-day training workshop on 'WATER QUALITY, TESTING & TREATMENT TECHNOLOGIES' on 08/03/2014 from 09:30 am-5:30 pm, at Wockhardt Towers, BKC, Bandra (E) Mumbai.

The customized training workshop will focus on recent approaches on water security, putting emphasis on issues and challenges in water management including quality maintenance, monitoring and surveillance of various water bodies, state of art technologies for water purification and protection of water resources from geo-genic (natural) and anthropogenic (manmade) contaminations, community based water management programs etc. The training modules also will also elucidate on technological interventions in the field of water conservation & ground water recharge such as water conservation and groundwater recharge measures along with various water treatment methods.

Participants will be awarded the 'Certificate of Participation'.

Course fee: -

Early Bird Registration: (Before 25/02/2014): 4000/-

Late Registration (After 25/02/2014):5,000/-

With Warm Regards
Dr.HUZ
(Dr. Huzaifa Khorakiwala)
CEO, Wockhardt Foundation







TERMS & CONDITION AND PAYMENT DETAILS					
Registration Fees:	Bank Details for Payment:				
Rs 5000 per delegate.	CHEQUE: To be Sent in-favour of Wockhardt Foundation.	NET BANKING DETAILS: Name: Wockhardt Foundation, Bank Name: YES Bank. Account Number: 026894600000015 IFSC CODE: YESB0000268.			
	Payment by Debit/credit card is not accepted at the moment.				

Soft copy to be sent to ssohni@wockhardtfoundation.org (or)
Fax at 022-26522727
Cheque or Hard Copy (in case of any) should to sent to:

Ms. Shreyata Sohni, Program Head-Jal Secure Wockhardt Foundation Wockhardt Towers Bandra Kurla Complex, Bandra (E) Mumbai-400051

Conformation of participation is subject to realization of cheque or after the payment is done.

Note: 1) Only Registration form required.

- 2) Please mention your name, contact details and Name of the organization behind the cheque.
- 3) Scan or Fax the registration copy.
- 4) No refund will be issued if the registrant fails to show up at the workshop.
- 5) Submit your presentations (in case of any) on or before 5/03/2014.
- 6) Participation will not be confirmed until payment is received.

Take print of the form below fill up the details scan or Fax the copy to us.







Program Schedule

	Event		Time			
Session 01: Introduction						
•	Registration. Inauguration. Welcome Address. Course Introduction.		9.30 AM			
Session 02: T	Session 02: Technical Presentation					
•	India water scenario - Issues, Challenges & way forward.		10:30 AM			
•	Water contamination – Hazard Identification, Monitoring & surveillance protocol.	:	11:00 AM			
•	Conventional & Advanced water purification Technologies.		11:30 AM			
•	Recent approaches in Rain water Harvesting & Ground water recharge in context of improving ground water quality.	:	12:00 PM			
•	Discussion.	:	12:30 PM			
	LUNCH					
Session 03: Training Session						
•	Hands on Training on "Water Quality Testing".	:	2.00 PM			
•	Water Testing procedure, Analysis & interpretation of data for decision making.	:	2:30 PM			
•	Presentations.	:	3:00 PM			
Session 04: Closing Session						
•	Discussion & Training evaluation.	:	4:00 PM			
•	Distribution of Certificates to the Participants.	:	4:30 PM			
•	Vote of Thanks.	:	5:00 PM			



For any other details please contact Shreyata Sohni





REGISTRATION FORM				
NAME:(First Name)	(Middle)	(Last Name)		
POSITION:				
COMPANY:				
ADDRESS:				
CITY/TOWN:	ZIP CODE:	COUNTRY:		
TEL (LANDLINE/MOBILE): E-MAIL:				
FOOD PREFERENCES (Please tick	Vegetarian	Non-Vegetarian		
Would you be interested to give a brief (10-15 mins) presentation? (Yes/No).				
If yes, Please attach the topic with a short abstract of your proposed presentation for our Program committee consideration.				
CATEGORY: PSU		Foreign MNC		
Indian MN	NC	Others		



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List background and experience (Use additional sheet if required):					
	spectation for the workshop, so ttendees concerns (Use addition	o that committee can tailor a portion of the workshop nal sheet if required):			
PAYMENT DEAILS:	By ONLINE BANKING: NAME: BANK: DATE OF TRANSFER:	BY CHEQUE: NAME: CHEQUE NUMBER: BANK NAME:			
SIGNATURI PLACE: DATE	E:	COMPANY SEAL			

