



Technical Training in Watershed Management 7 - 10 August 2012

Nomination Form

Name: _____

Age: _____ Sex: _____

Designation: _____

Educational Status: _____

Present Job Responsibilities: _____

Experience (years): _____

Organisation: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____ Web site: _____

Your expectations from the Program: _____

Date of arrival: _____ Time of arrival: _____

***(The bus taking the participants to the Training Centre will leave from the
WOTR Project Office in Ahmednagar at 5.00 p.m. sharp on 6th August 2012)***

PAYMENT DETAILS:

Demand Draft No.: _____ Date: _____

Drawn on Bank: _____

Amount: (Rs.) _____

Please fill in the above form and send it before 28th July 2012 to:

The Manager, Watershed Organisation Trust (WOTR), "Paryavaran" Behind Market Yard, Ahmednagar
– 414 001, Maharashtra, Tel./FAX: 0241-2451134, Email: trainings@wotr.org