

Date and Place: _____

NOMINATION FORM

Signature of Participant

Programme Title	e:		
Programme Dat	es:		
ABOUT THE PAF	RTICIPANT:		
Name:			
Designation:			
Company/Instit	ute:		
Address:			
City:		PIN Code:	
Phone (L):		Mobile:	
E-mail:			
	-	heque or by Demand Draft Uttar Pradesh".	payable at Delhi
Programme Fee	Details		Payment
			•
Serv. Tax (as		Mode of Payment	DD/Cheque No.
Serv. Tax (as Applicable) Luxury Tax (For Residential)		Mode of Payment (DD/Cheque)	DD/Cheque No. DD/Cheque Date:
Serv. Tax (as Applicable) Luxury Tax (For Residential)		•	
Serv. Tax (as Applicable) Luxury Tax (For		•	