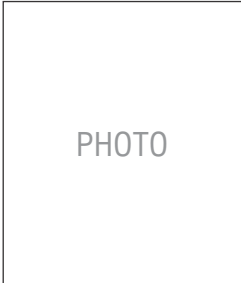




International Exposure Visit Program
Transformation of Rural Cooperatives in India
Learnings, Practices and Challenges
 July 09-14, 2018

REGISTRATION FORM



1. Full Name (As appearing in the passport):
 GIVEN NAME/FIRST NAME: _____
 MIDDLE NAME: _____
 SURNAME/LAST NAME: _____
2. Name and Complete Postal Address of Your Organization: _____

3. Designation and Department : _____

4. Nationality: _____
5. Date of Birth Day Month Year
6. Sex: Male Female
7. Educational/ Professional Qualifications: _____

8. Office Telephone No. (With ISD code): _____
9. Home Address: _____
 (Home Tel No.): _____
10. Mobile No.: _____
11. E-mail: _____
12. Passport No.: _____
13. Place of Issue: _____
14. Valid up to: _____
15. Place Where to Apply Visa: _____
16. Food Preference (Please Check): Vegetarian No Beef No Pork Fish Only No Restrictions
17. Brief description of current job responsibilities and years of Work Experience: _____

18. Fee and Transfer Details _____

Signature of the Participant

Printed Name and Signature of Authorized Nominating Officer