

Short term programmeon

**“TRAINING ON AIDS TO MARINE NAVIGATION”**

May 01-05, 2017

**REGISTRATION FORM**

Name :  
Designation :  
Sex ( M / F ) :  
Organisation :  
Highest academic Qualification :  
Technical, Professional Qualification :  
Experience in Management of ATONs :  
Address :  
Phone / Fax :  
Email (Mandatory) :  
Accommodation required (Yes / No) :  
Details of bank Draft amount Rs. :  
Draft No./Date :  
Issuing bank & Branch :

Date: \_\_\_\_\_ Signature.

Place: \_\_\_\_\_

Recommendation and forwarding from the organisation.

Signature with seal of the  
Head of the Organisation.