

NOMINATION FORM

Web Design for NGOs

Date: _____

Name: _____

Date of Birth: _____ Male Female

Qualification: _____

Designation: _____

Organisation: _____

Address for Communication: _____

_____ City: _____ Pin: _____

Phone (o): _____ (r): _____ (m): _____

Email: _____ Fax: _____

Description of present responsibility: _____

Work Experience

<i>Organisation</i>	<i>Position</i>	<i>Years of experience</i>
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What are your expectations from this workshop? _____

Signature

-----TO BE FILLED IN BY THE SPONSOR-----

Name of the sponsor: _____ Designation: _____

Organization: _____

Address for Communication: _____

_____ City: _____ Pin: _____

Phone (o): _____ (r): _____ (m): _____

Email: _____ Fax: _____

Website: _____