

Tata-Dhan Academy

NOMINATION FORM

Participatory Research Methodology on Microfinance, Livelihood and Health
January 19 – 23, 2010

Date:

Name _____

Male Female Age Date of Birth _____

Qualification _____

Designation _____

Organization _____

Address for communication _____

_____ City _____ PIN

Phone: (O) _____ (R) _____ (M) _____

Email: _____ (Fax) _____

Description of present responsibility _____

Work experience

Organisation *Position* *Years of Experience*

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

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Phone: (O) _____ Fax _____ Email _____

Web address: www: _____