

REGISTRATION FORM

- 1. Name: _____
- 2. Designation: _____
- 3. Address: _____

4. Sex (Tick Mark): Male _____ Female _____

5. Date of birth: Date _____ Month _____ Year _____

- 6. Qualification:
 General: _____
 Professional: _____
 Others: _____

9. No. and names of the training courses attended so far

Name of the courses	Duration	Agency

10. The wing you are posted to in a DIET: _____

11. No. of in-service training programmes you have conducted: _____

12. Your proficiency in computer use: (Tick Mark)
 High _____ Moderate _____ Low _____ V. Low _____