



Gujarat Jalseva Training Institute

(Gujarat Water Supply & Sewerage Board)

Sector-15, Gandhinagar

NOMINATION CUM REGISTRATION FORM

(FORM MUST BE FILLED IN CAPITAL LETTERS ONLY)



	Name of the Training Programme			
	Date of the Training Programme		From -	To -
1	Name of the Officer	Mr. / Ms. / Mrs.		
		Surname		
		Name		
		Father's / Husband's Name		
2	Designation			
3	Name of the Office (Write Full Name)			
4	Complete Office Address with PinCode			
5	Mobile No.			
6	CPF No			
7	E-mail ID for communication			
8	Telephone Numbers (with STD Code)	Office		
		Office Fax No.		
9	Hostel Accommodation Required:		Yes/No	
	If Yes, mention Date		From -	To -
	If Yes, Residential Address with Pin Code with PinCode			

Signature of Participant

Date:

**Signature & stamp of
forwarding officer**

Date: