



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	Educational Qualification		
4	Name of the Office (Write Full Name)		
5	Complete Office Address with Pin Code		
6	Residential Address with Pin Code		
7	Mobile No.		
	Telephone Numbers (with STD Code)	Office	
		Office Fax No.	
		Residence	
E-mail ID (Office)			
E-mail ID (Personal)			
8	Hostel Accomodation Required : (YES or NO)		

Signature of Participant

Date:

Signature & Designation

of Head of Office

Date: