

Training on Faecal Sludge and Septage Management (FSSM)

PUNE | 22nd - 23rd October, 2018

Registration Form

| | | | |
|--|--|----------------------------|-----------------|
| Name of Participant | Mr./Mrs./Ms. | | |
| Professional Qualification (Please tick for the type of profession) | Degree/ Qualification | | |
| | Professionals | | Entrepreneur |
| | Decision Maker (ULB, Training Institute etc) | | Student / Other |
| Designation | | | |
| Name of Organisation | | | |
| Email ID | | Mobile Number (+91) | |
| Address | | | |
| Write in brief about your previous experience in wastewater and septage management. (Plan, Designing of Systems, DPR, Execution of Projects) | | | |
| | | | |
| Mention the objectives of attending this training program | | | |
| | | | |
| How did you hear about us? (In Atelier Poster/Leaflet/Brochure, Newspaper/Social Sites, Program Website, Email, From Friends or Relatives, Other resources) | | | |
| Please attached this application form and e-mail it to us at saurabh.kale@ecosanservices.org | | | |