



भारतीय वन्यजीव संस्थान
Wildlife Institute of India

**APPLICATION FORM FOR TRAINING WORKSHOP ON
DISASTER RISK REDUCTION & HERITAGE SITES
(NATURAL AND CULTURAL)**

**A 6-Day Training Programme
14th to 16th April and 17th to 19th April, 2017
Last Date to Apply: 10th April, 2017**

**Venue: Tata Institute of Social
Sciences (TISS), Mumbai**

(For office use only)

Application No.:

A. Personal Information: (Please type or write in CAPITAL LETTERS)

1. Name (As mentioned in Passport):(First).....(Middle).....(Last).....
2. Father's Name:
3. Mother's Name:
4. Date of Birth (DD/MM/YYYY):
5. Place of Birth:
6. Gender :
7. Nationality:
8. Current Profession:
9. Affiliation/Institute:
10. Contact Information: Present official Address (Valid until date: March 2017):.....
.....
.....
.....
11. Contact number (Please give complete Phone no. with country and city codes):
Office (Tel):..... Mobile:.....
E-mail(s) :
12. Permanent home Address:

Mobile no: Email Id:

B. Course Attendance:

- 1. Full Course : Rs. 10,000 (Rs 6000 for TISS DM Students):
- 2. DRR & Cultural Heritage: Rs. 6000 (Rs 4000 for TISS DM Students):
- 3. DRR & Natural Heritage: Rs. 6000 (Rs 4000 for TISS DM Students):

C. Application Fee details (Please Refer Section C):

For Offline Payment: The DD/Cheque will be in favor of TATA INSTITUTE OF SOCIAL SCIENCES PROJECT ACCOUNT

Please provide your DD/Cheque No:.....

For Online Payment: Please Transfer Fee amount as per following bank details:

Name: TATA INSTITUTE OF SOCIAL SCIENCES PROJECT ACCOUNT

Account Number: 0765104000038289

Bank Name: I D B I Bank

IFSC Code: IBKL0000765

SWIFT Code: IBKLINBB126

Bank Address: I D B I Bank

Deonar branch, Unit no: 1, Safal Pride

Sion-Trombay Road, Deonar, Mumbai-400088

Branch Code: 765

MICR: 400259090

D. DECLARATION BY THE CANDIDATE :

I have read the Course announcement brochure and will abide by the rules and regulations of the Centre. I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is found that any attempt has been made by me to willfully conceal or misrepresent the facts, my participation may summarily be rejected.

Place:

(Signature of the Applicant)

Date:

Please send scanned copy of completely filled Application form to: drheritage@gmail.com