



***INTERNATIONAL FACULTY DEVELOPMENT PROGRAMME***  
***on***  
***Public Health Communication***

**Jointly Organized by**

**JMI, UMN and CUTN**  
**(Under the Indo-US 21st Century Knowledge Initiatives Project)**

**14<sup>th</sup> -16<sup>th</sup> January, 2019**

**FDP Registration Form**

Name (in capital letters): \_\_\_\_\_

Participant Category (please tick): \_\_\_\_\_

Academician/Ph.D Candidates/NGOs/Corporate & others (specify): \_\_\_\_\_

Designation: \_\_\_\_\_

Name of the Organizations/Institution: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Office: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email id: \_\_\_\_\_

Official Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FDP registration fee details:

Name of Bank: \_\_\_\_\_

DD No: \_\_\_\_\_ Date : \_\_\_\_\_

NEFT/RTGS Receipt details: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Receipt Details: \_\_\_\_\_

Accommodation required (please tick): Yes/ No \_\_\_\_\_

If yes Date and time of arrival: \_\_\_\_\_

Date and time of departure: \_\_\_\_\_

Mode of travel: \_\_\_\_\_ Train no \_\_\_\_\_ /Flight no \_\_\_\_\_

Date: Signature \_\_\_\_\_

Place: \_\_\_\_\_