

PARTICIPATION FORM
CERTIFICATE COURSE IN HERITAGE MANAGEMENT
(12.08.2024 to 06.09.2024)

Details of the Participant Nominated

Full Name (Block Letters) _____

Designation_____ **Date of Birth**_____

Brief description of current Post and duties_____

Highest academic qualification_____

Professional qualification_____

Postal address_____

Tel._____ **Mob.** _____

Email address_____

Forwarding remarks by nominating agency:

Mr./Ms._____ is nominated for the Certificate Course in Heritage Management organized by the WII-C2C from 12th August – 6th September, 2024.

Place:

Seal

**(Name & Signature of
Nominating authority)**

Date: