



Priority Participation Form

Please note Rs: 1000/- will be charged for each priority registration in the workshop(s).

Name:	Father's/Husband/s Name:
C.N.I.C. No:	Date of Birth:
CPSP ID (Mandatory):	RTMC Reg. No:
Designation:	Speciality:
Institution:	
Residential Address:	
Cell No:	E-mail:

WORKSHOP DETAILS			
Workshop Title	Workshop Fees Paid	Workshop Attended	
		YES	NO

Kindly register me for priority participation in following Workshop (s).

- | | |
|-----------|-----------|
| 01. _____ | 03. _____ |
| 02. _____ | 04. _____ |

PRIORITY PARTICIPATION FEE DETAILS

Total Number of workshop(s) for priority Registration _____ Amount Rs: _____

Challan/ Draft/ Pay Order No. _____ Bank _____ Branch _____

Date: _____

Signature of Applicant

Sign Receiving Office at Regional Center

For Use by Regional Centre

Date: _____

Chief Manager, Regional Centre