



Raja Ramanna Centre
for Advanced Technology
Indore



32nd DAE Safety & Occupational Health Professionals Meet
October 5-7, 2015

NOMINATION FORM

(To be submitted before 10.08.2015)

1. Name of the Unit/Plant : _____
2. Name of Delegate : _____
3. Age in Years : _____ Sex : M/F : _____
4. Designations/Grade : _____
5. Address for Correspondence _____

Mobile: _____ Email: _____

6. Tentative Tour Programme:

a) Arrival Details: Train No. / Flight No.: _____

Date: _____ Time: _____

Transport required from: Indore Airport / Indore Railway station

b) Departure Details: Train No. / Flight No.: _____

Date: _____ Time: _____

7. Accommodation Required

from _____ (Date & Time), up to _____ (Date & Time)

8. Entitlement per day for accommodation Rs -----/ For food Rs -----

9. Whether presenting Paper : Yes/No: _____

Affix
Passport
Size Photo

Signature of the participant

Signature & Stamp of Head of Unit / Plant

To be sent to: Shri S.M. Jalali, Member-Secretary LOC, Head, F&SS, RRCAT, PO: CAT, Indore (MP) 452013
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Web site: <http://www.rrcat.gov.in/symposiums/conf/daesafety32/index.html>