## **Registration Form**

## **Training on Citywide Sanitation Planning**

Name (Surname, F	First Name)			Venue
Date of Birth		Gender: Male	□ Female □	venue
Designation		Department		CASS
Company / Organisation				CENTER FOR ADVANCED SANITATION SOLUTIONS
Postal Address (Organisational / Pr		vate)		Bangalore
Telephone		Mobile		24- 26 April 2013
Email				
Duties and Responsibilities			Orga	Consortium for DEWATS Dissemination Society
Educational Background			Sup	ported by:
Degree	Field of Study	Year	Reso Deve	earch and elopment ociation
Proficiency in English Speak □ Understand □ Read □		Rajiv Ghandi Rural Housing Corporation Limited		
Please tick your organization's sector: Public Sector □ Private Sector □			Send your	registrations to:
Please tick your organisation's type Not for profit □		s type	CDD Society	
Consultancy		Survey No. 205 (Opp. Beedi Workers Colony) Kommaghatta Road, Bandemath, Kengeri Satellite Town		
Entrepreneurship			Bangalore 560060 INDIA	
Builder			Tel/Fax: +91 80 28486700/ 2144 Email: capacitybuilding@cddindia.org	
Other:		<del></del>		