

Youth for Development Training Programme

On HIV/AIDS

REGISTRATION/NOMINATION FORM

Name and address of participant:

.....
.....
.....State.....Pin.....

Phone(s):Mobile {if any}..... Fax:

Email: Web site:.....

Name and address of the Institution/ Organization:

.....
.....
.....State.....Pin.....

Phone(s):Mobile {if any}..... Fax:

Email: Web site:.....

Details of participants registering

	Name	Employed/Student		Designation /Year	Age	Sex	
		Yes	No			Male	Female
1							

Enclosed is Cash / Cheque No.....dated..... of Bank
..... for Rs. towards nomination fee,
drawn in favour of **Equity Foundation- Patna**.....

Please send this form by hand/ email to:

Equity Foundation
123-A Pataliputra Colony
Road 5-A
Patna- 800013
Tel: 0612-2270171; 09334912715; 09931286177; Email: equityasia@gmail.com

Money Receipt

Name of participant:

Enclosed is Cash / Cheque No.....dated..... of Bank
..... for Rs. towards nomination fee,
drawn in favour of **Equity Foundation- Patna**

Signature of the participant

Signature of the staff