



NEPAN

Nepal Participatory Action Network

Registration Form

Course Title:

Name:

Organization:

Designation:

Academic Qualification:

Mailing Address:

Phone:

Fax:

E-mail:

Current job description:

What are your expectations from this course:

Crossed Cheque/Bank Draft/ Pay Order

No. _____ dated _____

For Rs _____ enclosed

Please complete this box, if applicable

Supervisor's Name : _____

Position : _____

Supervisor's Signature : _____

Date : _____

Applicant's Signature

Date

The Network Coordinator
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