

Certificate Course
on
Fundamentals of Public-Private Partnerships

July, 2009

APPLICATION FORM

A. Applicant

Personal Information

Name _____
Designation _____ Date of Birth _____
Organisation _____
Address _____
Phone(s) _____ Fax _____ E-mail _____

Education (Graduation onwards)

Degree	Institution	Year	Specialisation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience

Position	Reporting to	Major Responsibilities	No. of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Training Programme Attended Earlier

Programme Title	Conducted by	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Objective of Attending this Course

B. Sponsor (if any)

Organisation

Name _____
Address _____
Phone(s) _____ Fax _____ E-mail _____

Fee payable to CUTS Institute for Regulation & Competition, New Delhi

Amount of Payment _____ Mode of Payment (DD/Ch) _____
Instrument No. _____ Date of Instrument _____
Name of the issuing Bank _____

Signature _____

Date: _____