

❖ Application Form

Please type or write clearly. Answer the following questions completely.
(Use additional sheets if necessary)

Name of the training & course code:

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Personal information:

Name	Date of birth & age
Name of the organization/employer	Designation
Office address along with phone, fax and e-mail	Residential address along with phone and e-mail

Formal education:

Particulars	Institute/University	Year of passing	Specialization
Graduate degree			
Post graduate degree			
Others (specify)			

Professional experience:

Particulars	No. of years
Environment related:	
Planning related:	
Others (specify):	

How are your current professional responsibilities related to the course topic :

Details of professional training programmes attended in the last 2 years:

Overseas			
Title of the programme	Period	Institute where attended	Topics covered
Inland			
Title of the programme	Period	Institute where attended	Topics covered

Explain how will you apply the knowledge learned in this course for your work/in your organization:

Place:

Date:

(Signature of the Candidate)

Place:

Date:

(Signature with seal of the of the Nominating Authority)

Please mail your filled-in applications to “The Project Leader (Zoning Atlas), Central Pollution Control Board, Parivesh Bhawan, East Arjun Nagar, Delhi – 110 032,
e-mail: plnrb@cpcb.delhi.nic.in; zoningatlas@hotmail.com