

**Capacity Building of Faculty in
Objective Structured Practical Examination
(OSPE) - Psychiatric Nursing**

27th November 2013

Registration Form

Name:.....

Designation:.....

Name of the Inst / Orgn

If in groups No. of participants:.....

Address for communication:.....

.....

.....

Phone office:.....Residence:.....

Mobile:.....

Email:.....

Accommodation Reqd.: Yes / No

Type of Accommodation:.....

Date & Time of Arrival:

DD No.:.....

Bank Name:.....

Amount:.....

Date

Signature