



Nomination Form

**Residential Training on
PACKAGING PRINCIPLES,
MATERIALS AND SYSTEMS**



8th June - 19th June, 2010

Particulars of Person Recommended for Participation

Name of the Organisation making recommendation : _____

Name of Participant : _____

Address (Office) : _____

Tel./Fax : _____

E-mail : _____

Permanent Home Address : _____

a) Age / Date of Birth : _____

b) Place of Birth : _____

c) Sex : _____

Educational Qualifications : _____

Practical Training : _____

Employment Experience : _____

Present Job Duties (Limit to 3 major duties) : _____

Title of Present Position : _____

Special Skill : _____

Publication : _____

Any other Relevant Information : _____

Signature of Applicant

CERTIFICATE FROM EMPLOYER

Date : _____

We have gone through the terms and conditions of the WPO Programme and shall abide by these in case nominee is finally selected for the Programme.

Signature of the Sponsoring Authority

Special remarks, if any, by the Ordinary Member Representative of the country _____

Signature of Authorised Person