



Training Participation Form

Training subject	
Venue / State	
Dates of the Training	
Name of the Participant	
Participant is person with disability (Please mention, If any special assistance required,)	
Organisation	
Address	
Participant's Phone No & email id	
Designation	
Gender	
Reservation Details (i.e. – Train no, time of reaching the training city, time of leaving etc.)	
ARUNIM Registration number	
DD No & Date (DD shall be in favour of "ARUNIM" payable at New Delhi)	
Amount of DD	