

**REGISTRATION FORM**

**Training Programme on  
Basic and Advanced Techniques for the Treatment of Bone and Joint  
Affections in Canine”  
16<sup>th</sup> -17<sup>th</sup>, March 2020**

1) Name: \_\_\_\_\_

2) Date of Birth: \_\_\_\_\_ 3) Sex: Male/Female \_\_\_\_\_

4) Educational Qualification: \_\_\_\_\_

5) Designation: \_\_\_\_\_

6) Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Phone. No. \_\_\_\_\_ 8) E-mail: \_\_\_\_\_

9) Brief CV: \_\_\_\_\_

10) Recommendation by the controlling officer:

**Signature of the Participant**