



# CENTRAL POLLUTION CONTROL BOARD

## (Environmental Training Unit)

### Registration Form for Training organized by CPCB-ETU

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

**1. Name of the training & course duration:**

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|  |
|--|

**2. Personal information:**

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

**3. Formal education:**

| Particulars          | Institute/University | Year of Passing | Specialization |
|----------------------|----------------------|-----------------|----------------|
| Graduate Degree      |                      |                 |                |
| Post-Graduate Degree |                      |                 |                |
| Others (Specify)     |                      |                 |                |

**4. Professional experience:**

| Particulars                                | No. of Years |
|--|--------------|
| Environment Pollution, Management related: |              |
| Environment Planning related:              |              |
| Laboratory Management related:             |              |
| Others (Specify):                          |              |

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

|  |
|--|
|  |
|--|

**6. Details of professional training programs attended in the last two years:**

| <b>A. Overseas</b>          |                    |                                 |                       |
|-----------------------------|--------------------|---------------------------------|-----------------------|
| <b>Title of the Program</b> | <b>Period/Year</b> | <b>Institute where attended</b> | <b>Topics covered</b> |
|                             |                    |                                 |                       |
|                             |                    |                                 |                       |
|                             |                    |                                 |                       |

  

| <b>B. Inland</b>            |                    |                                 |                       |
|-----------------------------|--------------------|---------------------------------|-----------------------|
| <b>Title of the Program</b> | <b>Period/Year</b> | <b>Institute where attended</b> | <b>Topics covered</b> |
|                             |                    |                                 |                       |
|                             |                    |                                 |                       |
|                             |                    |                                 |                       |
|                             |                    |                                 |                       |

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

**8. Time line for execution of training knowledge/skills obtained:**

**Place:**

**Date:**

**(Name & Signature with seal of the Nominating Authority)**

Please mail your filled-in applications to Head, ETU Division, Central Pollution Control Board, Parivesh Bhawan, East Arjun Nagar, Delhi-110 032 (**E-mail: [cpcb.etu@gmail.com](mailto:cpcb.etu@gmail.com)**) &/ Concerned Institute/Dept. And submit the original hard copy at the time of joining the training course.