



**TRAINING AND DEVELOPMENT CONFIRMATION OF INTEREST
FORM**

NAME	
ORGANIZATION	
Mobile Contact	
Fixed Line Contact	
Email	
Designation	
Programs Selected (Title of Module)	
1.....	Date:.....
2.....	Date:.....
3.....	Date:.....
4.....	Date:.....

Signed by Interested participant:

Acknowledged by:

Dated:.....

Please forward this completed Form to IPRM for Registration purposes.