



**Nomination Form**



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



**3<sup>rd</sup> May - 14<sup>th</sup> May, 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