

## Application Format for NGOs/CBOs

### Contact details

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Name of partner organization/s \_\_\_\_\_

Address \_\_\_\_\_

Total Staff Strength \_\_\_\_\_

From Bhiwandi \_\_\_\_\_

Area of work \_\_\_\_\_

Out of Bhiwandi \_\_\_\_\_

Equipments Available \_\_\_\_\_

Availability for Training  
(time required for intimation) \_\_\_\_\_

1 week \_\_\_\_\_

15 day's \_\_\_\_\_

## Application Format for NSS Training Form

### Your contact details

Name \_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

NSS Incharge \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Area of Training \_\_\_\_\_

First Aid \_\_\_\_\_

Search and Rescue \_\_\_\_\_

Availability for Training  
(time required for intimation) \_\_\_\_\_

1 week \_\_\_\_\_

15 day's \_\_\_\_\_