Orientation Program on

"Prevention and Management of Mental Health Problems in Higher Education Institutions"

Organized by ICTRC under 'Project Paradigm'
Date: December 8, 2020
Time: 10:00 am to 11:30 am Indian Standard Time (IST)

PARTICIPATION CONFIRMATION FORM*

PLEASE FILL THE FORM IN CAPITAL LETTERS

Name of the Institution:

Address: _____

_____ **State:**_____**Pin:**_____

Telephone: _____**Mobile:**_____

E- Mail: _____**Website:**_____

We confirm participation of: (Kindly tick (✓)

- ☐ President
- ☐ Vice Chancellor
- ☐ Pro-Vice Chancellor
- ☐ Director
- ☐ Registrar
- ☐ Dean
- ☐ Senior Professor
- ☐ Others

Details of the participants attending the Program:

S. No.	Title	Name of the Participant	Designation	Experience (Number of Years)	Mobile No.	E-mail

Number of Participants and Applicable Fee (Kindly tick (✓) the appropriate box):

- ☐ One Participant (No Charges)
- ☐ One Additional Participant Fee: (Rs. 2,550/- ; USD 35)
- ☐ Two Additional Participants (Fee: Rs. 5,100/-; USD 70)

Remittance/Payment Details if any: (Send the scanned copy of application form with payment details to ictrc.programs@gmail.com)

Account Holder: **Institute of Counsellor Training Research and Consultancy (ICTRC)** Account No.: **50200016537450**
Bank: HDFC Bank Branch: **Mayur Vihar (Phase II), Delhi** IFSC Code: **HDFC0000293**
Swift Code: **HDFCINBB** Amount: _____(INR Rs. 2,550/- OR USD 35 multiplied by number of additional Participants)
Date of Fee Transfer: _____ Bank: _____ Reference No./Transaction Id: _____

[Authorised Signatory] **[Date: _____]**

Send the scanned copy of the duly filled in Participation Confirmation Form to ictrc.programs@gmail.com

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E-Mail: ictrc.programs@gmail.com; Website: www.ictrc.ac.in

*** After sending duly filled-in PCF, participants should make preparations to attend the program only on receipt of confirmation from ICTRC office.**