# 35th DAE SAFETY & OCCUPATIONAL HEALTH PROFESSIONALS' MEET

**27 – 29th November, 2018**

Variable Energy Cyclotron Centre

## NOMINATION FORM

(To be submitted on or before 15th October, 2018)

| | |
|---|---|
| Name of the Unit / Plant | |
| Name of Delegate | |
| Date of birth | |
| Sex: | MALE / FEMALE |
| Designations / Grade | |
| Whether presenting Paper | YES / NO |
| Title of the paper | |
| Mode of Presentation | Power Point / PDF<br>(colour of font and background should be legible from a distance of 20m) |
| Whether hotel accommodation has been booked?<br>a) If yes, name of the hotel; If no, pls. inform before 15.10.2018<br>b) Food habit (Veg/Non Veg) | |
| Address for Correspondence | |
| Communication details<br>Phone (with STD Code) *(Off)<br>(Res)<br>*Mobile No.<br>Fax Number<br>(*mandatory) *E-Mail | <br>……<br>……<br>……<br>……<br>…… |

Signature & Seal
of Head of the Unit/Plant

Please send the scanned copy of the filled nomination form to
sohpm2018@vecc.gov.in