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|  | **All India Conference** **on Volunteering****November 9-10, 2017 | The USI, New Delhi** |

Please attach your passport size photograph

## Individual Registration Form

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| Applicant Information |
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| Full Name: |  |  |  |
| Organisation: |  |  |  |
| Nationality |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
|  | City | State | ZIP Code |
| Tel : | ( ) | Mobile: |  |
| Office Email: |  | Personal Email: |  |

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| Please Email this form to the below ID: |
| To Caritas India |
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|  | Ms. Catherine Kune |  | events@caritasindia.org |  | 8130980159 |
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