

PUBLIC OFFICERS' WELFARE COUNCIL
Heartfulness Relaxation and Meditation Workshop
Participation Form

Ministry/Department/Division/Staff Welfare Association:

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Address:.....

Participant 1

Name: (Mr./Mrs./Miss).....

Post Held:

Tel No.: **Mobile No.:** **Fax No:**

Signature:

Participant 2

Name: (Mr./Mrs./Miss).....

Post Held:

Tel No.: **Mobile No.:** **Fax No:**

Email Address:

Signature:

Date:.....

Participant 3

Name: (Mr./Mrs./Miss).....

Post Held:

Tel No.: **Mobile No.:** **Fax No:**

Signature:

Participant 4

Name: (Mr./Mrs./Miss).....

Post Held:

Tel No.: **Mobile No.:** **Fax No:**

Signature: