

**PUBLIC OFFICERS' WELFARE COUNCIL in Collaboration with
MINISTRY OF GENDER EQUALITY, CHILD DEVELOPMENT AND
FAMILY WELFARE**

Public Speaking Competition 2016

Participation Form

Ministry/Department:

Address:.....

Participant 1

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

Post Held:

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

Email Address:

Signature: **Date:**.....

Participant 2

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

Post Held:

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

Email Address:

Signature: **Date:**.....

To be certified and sealed by Supervising officer of Ministry/Department

| | | |
|-------------------|-------|--------------------|
| Name | | |
| Post Held | | |
| Signature: | | Date: |