



**PUBLIC OFFICERS' WELFARE COUNCIL**

**6<sup>th</sup> floor, Atom House, 16, Royal Street, Port Louis**

**Tel: 208 6658/208 0157 Fax: 208 6659 Email: powc@govmu.org**

**Website: <http://powc.govmu.org>**

**Civil Service Kermesse 2015**

**PARTICIPATION FORM**

**Ministry/Department/SWA:** .....

**Official Address:** .....

.....

**Name of Officer**

(responsible for the stall): .....

**Designation:** .....

**Tel No. (off):** ..... **Mobile No.:** .....

**Fax No.:** ..... **Email Add.:** .....

**Items to be put on sale/Activities to be organised by Mins/Dept/SWA:**

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....
7. ....
8. ....

\*\*\*\*\*

**To be completed by Supervising officer of Ministry/Department**

I hereby certify that Mr/Mrs/Miss .....,  
will be the responsible officer for the Civil Service Kermesse 2015 of this  
Ministry/Department/SWA and I have no objection to the participation of my  
Ministry/Department in the Kermesse.

**Name** .....

**Designation:** .....

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



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