SOLICITING EXPRESSION OF INTEREST TO HOST

IIRS OUTREACH PROGRAMME

NOMINATION OF COORDINATOR

Name	
Designation	
Staff Code	
Email	
Mobile No.	
Full address	

DETAILS OF ASSOCIATE COORDINATOR *

Name	
Designation	
Staff Code	
Email	
Mobile No.	
Full address	

Declaration

Place:

(Principal / Director/ Head of the Institute)

Date:

(Signature with Stamp)

To, Director, IIRS-ISRO, Dehradun