**SAARC CULTURAL CENTRE**

**SRI LANKA**

**SOUTH ASIAN ASSOCIATION FOR REGIONAL COOPERATION (SAARC)**



**SAARC Archaeology and Heritage Management Training Workshop**

**Footsteps of the Past, Custodians of the Present, Heritage of the Future**

**Afghanistan**

**Annexure 1**

**REGISTRATION FORM**

**(All fields must be completed, use additional paper if required.)**

**Category: (Please mark the relevant category)**

 Official Nominee of ………………………… (Name of the SAARC Member State)

 Other Participant  Category A  Category B

**Personal Details:**

1. **Name** (as in the identification with surname underlined):

2. **Nationality**

2.1 Host Country Participants (National ID No.):

2.2 International Participants (Passport No.):

3. **Contact Information**

3.1 Postal Address:

3.2 Phone No. Mobile No. Whatsapp, Viber contact, FAX. Email:

4. **Institution of affiliation:**

a. Present Designation:

b. Name and address, of the institute:

c. Name, designation, email and phone number(s)of the head of the institute:

5. **Educational qualifications:**

6. **Work Experience:**

7. **Title of the Site Report:**

|  |  |
| --- | --- |
| Place: Date:  | (Signature) (Full Name) |