

**6TH INDIA REGION CPA CONFERENCE,
MUMBAI, MAHARASHTRA (INDIA)
20 TO 23 JANUARY, 2017**

FORM I - ACCEPTANCE OF INVITATION

**PLEASE REGISTER THE ACCEPTANCE ONLINE AND ALSO RETURN THIS FORM DULY
FILLED IN TO ME CPA-COA BRANCH CONFERENCE SECRETARIAT BY
E-MAIL/FAX/POST BY 10th JANUARY, 2017**

1) **BRANCH DETAILS**

BRANCH _____

REGION _____

2) **ACCEPTANCE**

This Branch accepts the invitation to attend the 6th India Region CPA Conference in Mumbai, Maharashtra (India) from 20th to 23rd January, 2017

[YES / NO]

3) **SIGNATURE**

4) **BRANCH SECRETARY**

5) **CONTACT DETAILS**

6) **DATE**

Reply to:

Dr. A. N. KALSE

Principal Secretary, Maharashtra CPA Branch,
Maharashtra Legislature Secretariat,
Vidhan Bhavan, Nariman Point,
Mumbai- 400 0032

Tel: - + 91-022-22027399,

Fax: - +91-022-22024212/4524

E-mail:- kalsean@mls.org.com,
cpa2017@mls.org.in

Website: - www.mls.org.in

Copy to:

Director,

CPA Cell Conference Branch,

Room No.423, Parliament House Annexe,
New Delhi - 110 001 (INDIA)

Tel: + 91-11-23035284 **Fax:** +91-1123092619

E-mail:- cpaindiagsansad.nic.in

Website: - www.parliamentofindia.nic.in
www.loksabha.nic.in

6TH INDIA REGION CPA CONFERENCE,
MUMBAI, MAHARASHTRA (INDIA)
20 TO 23 JANUARY, 2017
FORM II- REGISTRATION

PLEASE COMPLETE ONLINE AND ALSO RETURN THIS FORM DULY FILLED IN TO
THE CPA- MAHARASHTRA BRANCH CONFERENCE SECRETARIAT BY
E-MAIL/FAX/POST BY 10th JANUARY, 2017

(Please register in separate form for Delegates/Secretary/Accompanying Person)

Please register online at http://mls.org.in/CPA_Maharashtra.php and also complete the enclosed form and fax it to the Maharashtra Legislature Conference Secretariat at +91-022-22024524 with a copy to the CPA India Branch (Lok Sabha Secretariat) in India on fax number 4-91-11-23092619

TITLE _____ GIVEN NAME _____ SURNAME _____

PREFERRED NAME FOR BADGE _____

OFFICIAL POSITION _____

CPA BRANCH AND REGION _____

MAILING ADDRESS _____

SUBURB _____ STATE _____ POSTCODE _____

PH _____ FAX _____

E-MAIL _____

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6TH INDIA REGION CPA CONFERENCE,
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20 TO 23 JANUARY, 2017

FORM III – BIGROPHICAL DETAILS OF DELEGATES

PLEASE COMPLETE ONLINE AND ALSO RETURN THIS FORM DULY FILLED IN TO THE
CPA- MAHARASHTRA BRANCH CONFERENCE SECRETARIAT BY E-MAIL/FAX/POST BY
10th JANUARY, 2017

This form is to be completed online by each Delegate/Secretary and must be returned by mail/fax to the Secretary, CPA, Maharashtra Branch, Mumbai +91-022-22024524 with a copy to the CPA India Branch (Lok Sabha Secretariat) in India on fax number + 91-11-23092619

CPA BRANCH: _____

Full Name (Surname first, block letters please)

STYLE, TITLE AND DECORATIONS _____

PARLIAMENTARY ABBREVIATION AFTER NAME (i.e. MP, MLA, MLC. etc)

Name Badge (Please indicate here how you wish you name to be printed on your name badge)

PRESENT PORTFOLIO OR OFFICE (if applicable) _____

POLITICAL PARTY	GOVERNMENT / OPPOSITION
-----------------	-------------------------

CONSTITUENCY _____

DATE OF BIRTH (optional) _____

EDUCATION _____

MARRIED/SINGLE _____

DATE FIRST ELECTED TO PARLIAMENT/LEGISLATURE _____

CAREER (brief summary)

OFFICE IF ANY HELD IN CPA BRANCH (i.e. President, Vice President, Member of the Ex. Corn.) _____

PARTICIPATION IN PREVIOUS CPA CONFERENCES, PARLIAMENTARY SEMINARS OR DELEGATIONS

SPECIAL INTEREST OR RECREATIONS	Please attach 3 passport size Colour photographs
SPECIAL DIETARY EQUIREMENTS	

Reply to:

Dr. A. N. KALSE

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Maharashtra Legislature Secretariat,
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Mumbai- 400 0032

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FORM IV - ACCOMPANYING PERSONS / SPOUSE / PARTNER

PLEASE COMPLETE ONLINE AND ALSO RETURN THIS FORM DULY FILLED IN TO
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E-MAIL/FAX/POST BY 10th JANUARY, 2017

DELAGETES WISHING TO TRAVEL TO MUMBAI WITH AN ACCOMPANYING
PERSON/PARTNER/SPOUSE WILL INCUR ADDITIONAL COSTS FOR MEALS,
ACCOMMODATION AND TRANSPORT FOR WHICH A FEE WILL BE PAYABLE UPON
ARRIVAL IN MUMBAI

PARTICIPANT'S NAME: _____

CPA BRANCH AND REGION: _____

I will be accompanied by accompanying Person/Spouse/Partner:

[YES/ NO]

If yes, please give the name of the Accompanying person and the capacity in which they are travelling with you:

Note: A fee of NR Rs. _____ - for accompanying person or spouse is to be paid on arrival. Please Bring Demand Draft in favor of " Section Officer cum DDO ".

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20 TO 23 JANUARY, 2017

FORM V - TRAVEL & ACCOMMODATION

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MAIL/FAX/POST BY 10th JANUARY, 2017

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CPA BRANCH: _____

DELEGATE'S FULL NAME: _____

ARRIVAL DETAILS:

• **BY AIR**

ARRIVAL DATE AND DAY	FLIGHT ARRIVAL TIME IN MUMBAI	FLIGHT NO.	FROM

• **BY TRAIN**

ARRIVAL DATE AND DAY	TRAIN ARRIVAL TIME IN MUMBAI	TRAIN NO. & NAME	FROM

If arriving before the official arrival date, address and contact telephone numbers in Mumbai.

DEPARTURE DETAILS

OFFICIAL DEPARTURE DATE: SATURDAY 23th JANUARY, 2017

• **BY AIR**

DEPARTURE DATE AND DAY	FLIGHT DEPARTURE TIME IN MUMBAI	FLIGHT NO.	DESTINATION

• **BY TRAIN**

DEPARTURE DATE AND DAY	TRAIN DEPARTURE TIME IN MUMBAI	TRAIN NO. & NAME	DESTINATION

HOTEL ACCOMMODATION

Accommodation will be provided to the delegates at the following Hotel:

Details of the hotel: *	
*	
*	
*	
Accommodation before the official arrival date and after 23 January, 2017 will be responsibility of the delegates concerned.	
DATE :	SIGNATURE :

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