# National Cleaner Production Awards 2021

# Application for Evaluators

Name:

Address:

NIC No.:

Contact Numbers: Mobile: Land line:

Email address:

Pick up point:

Name to be mentioned in the cheque:

Status of the Covid -19 vaccination:

Please **X** (Cross) **Unavailable Dates**, please **leave Available** Dates

**November 2021**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 9 | 10 | 11 | 12 | 15 | 16 | 17 | 19 | 22 |
| 23 | 24 | 25 | 26 | 29 | 30 |  |  |  |  |

**December 2021**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 6 | 7 | 8 | 9 | 10 | 13 | 14 |
| 15 | 16 | 17 | 20 |  |  |  |  |  |  |

Any other remarks

 Date Signature