

Registration Proforma

Disaster Management - Early Warning System, Thrissur District

1) Name	<input type="text"/>
2) Grama Panchayat/ Municipality/ Corporation	<input type="text"/>
2 a) Organisation	<input type="text"/>
3) Ward Number	<input type="text"/>
4) House Number/ Building No.	<input type="text"/>
5) Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6) Email address	<input type="text"/>
7) Phone Number (Residence) (Office) (Mobile)	<input type="text"/> <input type="text"/> <input type="text"/>
8) Occupation	<input type="text"/>
9) Official Address	<input type="text"/>
10) Area of Interest(Warning)	<div style="border: 1px solid black; padding: 10px;"><ol style="list-style-type: none">1. Sea related2. River basin/ Dams3. Chemical4. All Disasters5. Any other (specify)</div>

Please fill up this form and send to:

District Collector, Collectorate, Ayyanthole, Thrissur.