



TAMILNADU POLLUTION CONTROL BOARD

OPEN HOUSE SESSION

REGISTRATION FORM

(To be filled in by the participants come to OHS without prior information)

Name as in Aadhaar	
Mobile Number	
Email ID	
Address For Communication	
Purpose of Visit	<input type="checkbox"/> Pollution Related Complaints <input type="checkbox"/> Application / Consent Related <input type="checkbox"/> Views / Suggestions
Date of Visit	Time:11.00 AM
District	
Taluk	
Type of Participant *	<input type="checkbox"/> Individual <input type="checkbox"/> Industry / Industrial Associates <input type="checkbox"/> NGO <input type="checkbox"/> Public Welfare Associations <input type="checkbox"/> Others If others, please specify:
Brief Description of Purpose of Visit (copy of the petition if any to be attached)	

Signature of the participant