

# THE DISTRICT COUNCIL OF BLACK RIVER



## EXPRESSION OF INTEREST - SERVICES OF REGISTERED USHERS

**Name:** : .....

**Residential Address:** : .....

**Tel. No.** :Office: ..... Mob. No. ....

**E-mail Address** : .....

**Experience** : .....

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**Important: PROOF OF REGISTRATION SHOULD BE SUBMITTED ALONG WITH OFFER**

FEES TO BE CLAIMED PER SERVICE: Rs .....

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*Signature*

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*Date*