

REGISTRATION FORM

Name (in block letters): Mr. Ms. Mrs.		
Organisation:		
Designation:		
Email id:		
Mobile Number:		
Number of persons (In case of a group of persons from an organization):		
Accommodation required (please tick):	Yes	No
Date from which the training period required	From:	To:
Payment details:		
We are enclosing Demand Draft No. _____ dated _____ for Rs. _____ drawn on _____ towards participation fee including 12.36% service charges.		
Place:		Signature
Date:		