

## Registration Form

Name of Company: \_\_\_\_\_

Industry sector: \_\_\_\_\_

Company Legal Status:  Public  Private  Corporation

Company Registration No: \_\_\_\_\_

Product / Service Offered By Company: \_\_\_\_\_

Address Of Head Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone NO: \_\_\_\_\_ Fax NO: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Name Of the Head Of the Company: \_\_\_\_\_

Designation: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile NO: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Head HR & Training Programs: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile NO: \_\_\_\_\_

Email Address: \_\_\_\_\_

Interested in Imparting:

Training  Exposure Visit  both  Nil

Does Company Provide Stipend to Trainees?

Yes  No

Does Company Provide Accommodation?

Free of Cost       Subsidies rate       At Own

Address Of Exposure Visit/ Training: \_\_\_\_\_

No of Trainees: \_\_\_\_\_

Time Duration: \_\_\_\_\_

Specify Month in the year: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone NO: \_\_\_\_\_ Mobile NO: \_\_\_\_\_

Name of Person submitting information: \_\_\_\_\_

Date:

Place:

Signature