

SWISO

REGISTRATION FORM

From:

Name: _____

Designation: _____

Company's Name: _____

Address: _____

City: _____ Pin code: _____ State: _____

Country: _____

Phone: _____

Fax: _____ E-mail: _____

To:

THE DIRECTOR,
SWISO (INDIA) PVT. LTD.,
507, PRAGATI TOWER, 26, RAJENDRA PLACE, NEW DELHI – 110 008, INDIA.

We are pleased to inform you that under mentioned persons will attend the _____ course, to be held from _____ to _____ at **NEW DELHI.**

Participants Name (1) _____ Designation _____

Participants Name (2) _____ Designation _____

Participants Name (3) _____ Designation _____

Participants Name (4) _____ Designation _____

Participants Name (5) _____ Designation _____

Please tick Appropriate:

ISO 9000 AWARENESS TRAINING PROGRAM

ISO 9000 INTERNAL AUDITOR TRAINING COURSE

ISO 9000 LEAD AUDITOR TRAINING COURSE

ISO 14000 AWARENESS TRAINING PROGRAM

ISO 14000 INTERNAL AUDITOR TRAINING COURSE

ISO 14000 LEAD AUDITOR TRAINING COURSE

OHSAS 18000 AWARENESS TRAINING PROGRAM

OHSAS 18000 INTERNAL AUDITOR TRAINING COURSE

A Demand Draft / Cheque No. _____ dated _____ of Rs. _____

Drawn on _____ in favour of **“SWISO (INDIA) PVT. LTD.”** payable at New Delhi has enclosed herewith.

Thanking You,

(Authorised Signatory)

Date: - _____