

SWISSCERT

REGISTRATION FORM

From:

Name: _____

Designation: _____

Company's Name: _____

Address: _____

City: _____ Pin code: _____ State: _____

Country: _____

Phone: _____

Fax: _____ E-mail: _____

To:

THE DIRECTOR,
SWISS CERT PVT. LTD.
412, BEST SKY TOWER,
NETAJI SUBHASH PLACE,
PITAM PURA, DELHI - 110 034, INDIA

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

Participants Name (1) _____ Designation _____

Participants Name (2) _____ Designation _____

Participants Name (3) _____ Designation _____

Participants Name (4) _____ Designation _____

Participants Name (5) _____ Designation _____

Please tick Appropriate:

- One Day ISO 9001:2015 Foundation Course
- Two Days ISO 9001:2015 Internal Auditor Training Course
- Five Days ISO 9001:2015 Lead Auditor Training Course
- Five Days ISO 14001:2015 Lead Environmental Auditor Course
- Others, please specify _____

A Demand Draft / Cheque No. _____ dated _____ of INR / USD
_____ Drawn on _____ in favour of "SWISS
CERT PVT. LTD." payable at New Delhi, India has enclosed herewith.

Thanking You,

(Authorised Signatory)

Date: - _____