



Registration Form

Company Secretaries Training Program, 18th –19th October 2017

Personal

Name:

ID. No: (Attach a copy)

Mobile No:

Email:

Professional

Office/Company:

Designation:

Contact No:

Email:

Education

Payment Information

Payment: (Attached)

Declaration

Date:

Signature:

For official use only

Received on:

Name:

Signature:

- All Applications must be submitted with ID Card copy and CV
- Application form must be submitted with payment.
- **80% attendance** is required to receive the certificate of completion.
- First come first served basis.