



QCL CERTIFICATION SERVICES



DELEGATE REGISTRATION FORM

Name:

(Name of organization/individual responsible for payment)

Address :

Date:

E -mail address:

Phone No.:

Fax No.:

We are pleased to inform you that under noted persons will be attending the following program:

Name of the course:

Name of delegate/s

1.

2.

3.

4.

A Cheque/D.D. No.

Dated

for Rs.

Drawn on

the

Fee for

in favor of "QCL Certification Services." at Delhi being

delegates is enclosed.

Thanking you,

Yours faithfully,

(Name and Signature)