

# **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: - \_\_\_\_\_