

Certification Programmes

Registration Form

Name of Programme: _____

Personal Details:

Name: _____

Last Name: _____

Gender (M/F) _____

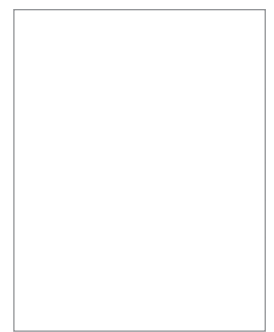
Date of Birth: _____

Address for Communication: _____

Tel: _____ Mobile: _____

Email: _____

Educational Qualification _____



Occupation:

Student

Self Employed

Service

Name of Organization _____

Area of Operation _____

Designation _____ Experience _____

If Member of MCX:

ID No. _____

First Attempt Reattempt

If Member of MCX-SX

ID No. _____

Payment Details:

DD/Cheque Number	Amount	Drawee Bank/Branch	DD/Cheque Date

** The amount is not refundable*

From where did you come to know about our programme?

Newspapers

Friends

Internet

Others

I hereby certify that the above information provided by me is true and correct. I have read and understood the terms and conditions and agree to abide by the same.

Date _____

Place _____

Note: Participants attending training at Exchange Square should abide by the following rules:

1. You should go directly to the Training Room on the ground floor.
2. You will be asked to leave the premises if found loitering or talking loudly in the reception area.
3. You should adhere to the dress code of the company. (Formal. Male participants should wear a necktie and shoes.)
4. You should carry the valid Visitor Pass when you are in Exchange Square.
5. You should comply with necessary security check and other formalities before entering Exchange Square.