



email # info@arhamglobal.com

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REGISTRATION FORM

Course Title	
Course Date	
Venue	

Please find below the names of the person (s) nominated to attend the training.

#	Name	Designation	E-mail address & Mobile No.

COURSE FEE:

Please enclosed cross cheque of amount _____ payable to Arham Global.

For more information and clarification, please contact us on e-mail:

info@arhamglobal.com

Sign. of the nominating authority	
Name	
Designation	
Company Name / Stamp	
Date	