

Registration Form

Course: Process Design Master Course

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name :	<input type="text"/>		
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Place Of Birth :	<input type="text"/>
Email :	<input type="text"/>		
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality :	<input type="text"/>
Marital Status :	<input type="text"/>		
Country :	<input type="text"/>		
Aadhar No:	<input type="text"/>		
	Start Time :	<input type="text"/>	
	Post Code :	<input type="text"/>	
	Phone :	<input type="text"/>	

ADDRESS

Present Address :	<input type="text"/>		
The City :	<input type="text"/>	Present State :	<input type="text"/>
Zip Code :	<input type="text"/>		

Register Signature

Officer Signature

THANK YOU FOR REGISTRATION

P: +919820740195

E: info@viggyantech.com