

REGISTRATION FORM

Course Title: (Please Tick)

GMP ASPECTS

QA CONCEPTS

Course Date & Venue: (Please Tick)

16 – 17 Jan, 09
SELAQUI

20 – 21 Jan, 09
HARIDWAR

23 – 24 Sept
ROORKEE

Name: _____

Organization: _____

Job Title: _____

Address: _____

City: _____ **Mobile/Phone:** _____

E-mail: _____

Applicable Fee: (Please Tick)

SPOT REGISTRATION

ANY ONE DAY

Rs. 2,000/-

Rs. 2,500/-

BOTH DAYS

Rs. 3,500/-

Rs. 4,000/-

DD/Cheque No: _____ **Amount:** _____

Bank: _____ **Dated:** _____

Send to:

COURSE COORDINATOR

CENTRE FOR ACTIVE LEARNING, GUIDANCE & SOLUTIONS

26, New Navratna Complex, Bedla Road, Udaipur-313004

Phone : +91 294 2450074 Mobile : +91 94140 50405

Email : training@calgs.com Web : www.calgs.com

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