

REGISTRATION FORM

To

THE DIRECTOR

WinSquare Management Services
71/5, 14th Street,
'K' Block, Anna Nagar East
Chennai - 600 102
E-mail : drrk@winsquare.com
Mobil: 9443426770

Name of the Topic :

Date :

Time : 9 .00 a.m. to 5.00 p.m.

Course Fee :

Venue :

Details of the participant:

Name :.....

Designation :.....

Details of the sponsoring authority :

Name :.....

Designation :.....Phone No :.....

E-Mail ID :

Organisation Address :.....

.....

.....

We are enclosing herewith a cheque / D. D. No.

for Rs.....drawn on in favour of

“WinSquare Management Services”.

Authorize Signature