

# 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"/>	Nationality :	<input type="text"/>
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status :	<input type="text"/>	Start Time :	<input type="text"/>
Country :	<input type="text"/>	Post Code :	<input type="text"/>
Aadhar No:	<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**

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E: info@vigyantec.com