**Confederation of Nepalese Industries (CNI)**

**Training on Office kaizen and office 5 'S'**

**November 16, 2017, Kathmandu**

**Registration Form**

1. Applicant’s Name (In Capital Letter): ………………………………………………………………….
2. Sex: ⃞ Male, ⃞ Female
3. Age: ………………………..
4. Education: ………………………………………………...
5. Organization/Company’s Name: ……………………………………………………….
6. Name of your present department: …………………………………………………..
7. Designation: …………………………….
8. Office Address: …………………………………………………………………………………
9. Contact No.

Office………………………………………………………..

Mobile……………………………………………………….

1. Email Address: ………………………………………….
2. Total job experience in this organization/company: ………………………………………………

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**(Authorized Signature)**

**Name of the Signatory**

**Company’s Seal**

**(Applicant's signature)**

**Date:**