



GIS SOLUTIONS (PRIVATE) LIMITED

Date :

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ArcGIS Training Registration Form

Name of Organization/Institution: _____

Telephone No : _____ Fax No : _____

E-mail : _____

<u>Name</u>	<u>Designation</u>	<u>Contact No.</u>	<u>Email</u>	Meals (Chicken/Fish/Veg)

.....
Authorized Signatory Name

.....
Signature

.....
Date

(All cheques should be drawn in favor of "GIS Solutions (Private) limited" and crossed A/C payee only)