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REGISTRATION FORM FOR TRAINING COURSE

Course to be registered for : Transport of Dangerous Goods by Sea (IMDG Code) Initial

Course Dates : Location:

Name of the applicant :.....

Educational Qualification :.....

Years of Service :.....

Name of the company in which: Location:

currently working & address

Ph No..... Fax No.....

Email ID.....

Company product and services:.....

Dept Employed in :

Brief Responsibility profile :.....

.....

Residential Address :.....

.....

.....

PH No.....Mob:.....

Email ID :.....

I have read the terms and conditions of the course and agree to abide by the same.

Signature of the candidate.....

For DGM office purpose

Registration Number assigned :

Status of Participation :