REGISTRATION FORM

NAME OF PARTICIPANT : _____

ORGANIZATION : _____

COURSE / SEMINAR NAME : _____ **DT :** _____

Fees Paid by : ☐ Cheque ☐ Cash ☐ DD ☐ Net Banking ☐ Other **DT :** _____

Payment Details : **Cheque/DD/Transfer No:** _____ **Amount:** _____

ADDRESS : _____

_____

_____ **PIN Code :** _____

MOBILE : _____ **PH No :** _____ **FAX :** _____

E-MAIL : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Kindly Send the filled form to below address with fees

CF - 10,11,12 - Krishna Complex, Nr. Sarkhej-Sanand Circle, Sarkhej-Sanand Highway, Sarkhej, Ahmedabad - 382110

Mob: 7069 88 3001, 940 940 64 66 **WEB:** WWW.ICEEL.NET, **EMAIL:** ICEELACADEMY@GMAIL.COM

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