

DR. FIXIT INSTITUTE

OF STRUCTURAL PROTECTION & REHABILITATION

REGISTRATION FORM

Name of the Company & Address: _____

E-mail : _____ Tel : _____

Mobile : _____ Fax : _____

Programmes : Please make a "circle" on the programmes wished for.

1 2 3 4 5 6

NAME OF THE PARTICIPANTS

(Fill in the details in capital letters. Photocopy of this form may also be used)

1. Mr. / Ms. / Mrs. : _____

Designation : _____

3. Mr. / Ms. / Mrs. : _____

Designation : _____

2. Mr. / Ms. / Mrs. : _____

Designation : _____

4. Mr. / Ms. / Mrs. : _____

Designation : _____

Enclosed please find a Demand Draft No. _____ dt. _____ drawn

on _____ (Name of the Bank) for an amount of Rs. _____ (DD in

favour of Dr. Fixit Institute of Structural Protection & Rehabilitation, payable at Mumbai)

Authorised Signature : _____

Name & Designation : _____

Note:

- The course fee includes training fees, course material, tea, snacks & working lunch.
- Participants will have to make their own arrangements for travelling and accommodation.
- The fees should be paid at the time of confirmation of Participation.
- In case of Cancellation, the fees will not be refundable. However, with prior notice, another delegate will be accepted as a replacement.

For further details contact:

Mr. Tirtha Pratim Banerjee

Phone : (022) 2835 7683

Mobile : 9930650145

E-mail : tirtha.banerjee@pidilite.com

Dr. George Varghese

Phone : (022) 2835 7499

Mobile : 9819978211

E-mail : george.varghese@pidilite.co.in

Ms. Neelima Suryawanshi Sali

Phone : (022) 2835 7979

Mobile : 9969354030

E-mail : neelima.sali@pidilite.co.in

Dr. Fixit Institute of Structural Protection and Rehabilitation

C/o. Pidilite Industries Limited

Ramkrishna Mandir Road, Andheri (East), PO. Box 17411 Mumbai - 400059

T (022) 2835 7000 F (022) 2835 7149