



Registration Form

5 DAYS TRAINING COURSE IN OCCUPATIONAL, ENVIRONMENTAL HEALTH & SAFETY (OEHS)

Occupational Health & Safety -Management Consultancy Services
K-255, Sarita Vihar, New Delhi - 110 076
Mob: 09313054881, Fax: 011 - 22531567
Email: info@ohs-mcs.org; ohsmcs@rediffmail.com

(Please tick in the appropriate box)

- We would like to register ourselves for above course
- We will not be able to attend this program, but please keep us informed about future programs.

Enclosed herewith D/D for Rs: _____

Dated _____ Drawn on : _____

Payable to Occupational Health & Safety -Management Consultancy Services, at New Delhi

Contact Person: _____

Company: _____

Address: _____

Tel No: _____ Fax _____ Email: _____

	Participant 1	Participant 2	Participant 3
Name	_____	_____	_____
Designation	_____	_____	_____
Department	_____	_____	_____
Qualification	_____	_____	_____
Phone	_____	_____	_____
Fax	_____	_____	_____

Occupational Health and Safety Management Consultancy Services.

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