

ISO/IEC 17025:2017 Training Nomination Form

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|------------------------|--------------------|
| Standard | ISO/IEC 17025:2017 |
| Training Type | |
| Training Date: | |
| Training Venue: | |

Organization Details:

| | | | |
|----------------------------|--|--------------------------------|--|
| Name of the organization | | | |
| Address / Location: | | | |
| Name of the Contact Person | | Email ID of the Contact Person | |
| Phone Number | | Mobile Number | |

Details of the participant(s):

I would like to attend / nominate the following participant(s) for the above training.

| Sr. No. | Name | Designation | Mobile No. | Email ID |
|---------|------|-------------|------------|----------|
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Note: Payment for the training course to be made in advance with online bank transfer/cheque/demand draft in favour of Lakshy Management Consultant Pvt. Ltd. to reserve your seat(s). Kindly Send completed training nomination form to minu@lakshy.com / info@lakshy.com.