



ADOR WELDING ACADEMY PVT.LTD.

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ENROLMENT FORM

Sr.No.: _____

Date: _____

Dear Sir,

I / We hereby agree to enrol for you course

Name (IN CAPITAL LETTERS) : Mr./Mrs./Ms.

Date of Birth Education Qualification

Mobile No.:

Email ID : (Official I)

Company Name & Address :
.....

City : Pin code :

Designation & Role :

Company Training Co-ordinater Name :

Contact No. : e-mail ID :

The course fees on Rs. enclosed here with by at per DD / Cheque No. :

Bank Name :

drawn in favour of ADOR WELDING ACADEMY PVT.LTD.,payable at Pune.