



TRAINING REGISTRATION FORM

Name: _____
(In Capital Letter; given name shall be used for certificate also. Please provide the correct spelling to control any future trouble)

CNIC # _____ Gender: M F

DOB: _____ Nationality: _____

Home Address: _____

Home Tel: _____ Mobile: _____ Office: _____

Email Address: _____ Qualification: _____

Reason for Training: Relevant to current job Take additional duties in current job Prepare for higher position
 Earn Higher salary Prepare for future job Employer's recognition others(please state): _____

Employment Status: Unemployed Employed | Year of working Experience: _____

Designation: _____

Company Name: _____ Address: _____

Telephone/ Mobile# _____ Email: _____

CQI-IRCA ACCREDITED COURSES

- ISO 9001:2015 OHSAS 18001:2007 ISO 14001:2015
 5-DAYS CQI-IRCA LEAD AUDITOR COURSE | 2-DAYS CQI-IRCA INTERNAL AUDITOR COURSE
 3-DAYS CQI-IRCA CONVERSION AUDITOR COURSE
 1-DAY CQI-IRCA TRANSITION AUDITOR COURSE (Module-1) | 2-DAYS CQI-IRCA TRANSITION
AUDITOR COURSE (Module - & 2)
 INDIVIDUAL | IN-HOUSE

NON-ACCREDITED COURSES

- ISO 9001:2015 OHSAS 18001:2007 ISO 14001:2015
 1-DAY AWARENESS PROGRAMME
 INDIVIDUAL | IN-HOUSE

PRECISE GLOBAL CERTIFICATION SERVICES PRIVATE LIMITED

Let Your Business Work for You



TERMS OF REFERENCES

1. The confirmation is subject to receiving of the filled Registration Form along with the required fee a one week prior to the course.
2. The seats are limited and are available on first come basis.
3. Cancellations must be received in writing at least 7 days prior to course and are subject to an administration fee. We regret that cancellations received after this date cannot be accepted and the course fee must be paid in full.
4. Delegate substitution can be made prior to the course (at least 5 days) and should be communicated accordingly.
5. PGCS reserves the right to change dates, program or locations due to unforeseen circumstances and availability.
6. I declare that all the information and particulars provided in this form and the attached sheets are true, complete and accurate and that I have not withheld or distorted any information or particulars required under this form, and acknowledged and accepted the terms and conditions stated here and in the leaf.
7. DECLARATION: I hereby acknowledge & understand the requirement of the training course pre-requisite as prescribed above / training program.

Supporting Documents: CNIC Copy Copy of Highest qualification

Signature of Applicant

Date:

PAYMENT DETAILS

Payment Collected: No Yes **Date:** _____

Payment Mode: Cash/ Online/ Cheque/ Draft: _____

A cheque/bank draft No: _____

Cheque/bank draft should be made payable to “Precise GCS Pvt. Ltd” prior to course commencement

FOR OFFICE USE ONLY

Delegate Registration Confirmation with all requirements	Review of Training Department	Approval of Operation Department

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