



The Chartered Institute of Logistics & Transport Pakistan

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Registration Form

DIPLOMA IN SERVICE QUALITY

SELF SPONSORED

Name: _____
S/o, W/o, D/o: _____
Organization & Designation _____
Academics: _____
Postal address: _____

Phone _____ Cell Phone _____
Email _____

COMPANY SPONSORED

We are nominating following individuals from our company to attend Diploma in Service Quality Management

SR #	Name	Title	Cell Phone / Landline
1.			
2.			
3.			
4.			

We are enclosing Cash / Cheque / Bank Draft of Rs. _____ in favor of CILT, Pakistan

Signed:

Name:

Stamp:

For office use only

Received

Cash Sum of Rupee : _____

Cheque / Bank Draft for an amount of Rs. _____

Cheque/ Bank Draft No. _____ drawn on _____ dated : _____

Signed:

Stamp: