

## SEMINAR ON

ZED certification awareness programme VENUE : INDORE

DATE: 18.03.2020, 5.00P.M.

## **REGISTRATION FORM**

Name of	f Unit:		
Address	s:		
	M PART 2NO. OR UAM NO.		
	of participation :		
Sl No.	Name	DESIGNATION	TELEPHONE NO./Mobile No.
		Signature /	
Your reg	gistration is hereby confirmed.		

NILESH TRIVEDI
ASSISTANT DIRECTOR
MSME-DI INDORE