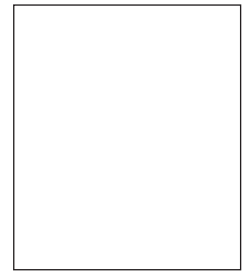




ON 4th – 6th APRIL, 2019

**at Hotel Radisson Blu,
Dwarka, New Delhi**

REGISTRATION FORM



Concept by : Dr. Pradeep Bhardwaj

Form No: SSSH/MDP-MCHM/2019/.....

1. Name of Candidate (In Capital Letters):.....
2. Father's /Husband Name :.....
3. Date of Birth :.....
4. Address:
5. Phone Number (Landline):..... Mobile:
6. E-mail:..... Web:.....
7. Qualification:..... Experience:.....
8. Designation.....
9. Institute/College/Organization (Where currently employed)

10. Payment (Cash/ Cheque /Demand Draft/ NEFT/RTGS)
 Fee: Rs. 48,000/- plus 18% GST as applicable per person
 (Total Fee: Rs. 56,640/- Per Person)

For Online Transfer (NEFT/RTGS) Account Details:

Account Name: Six Sigma Star Healthcare Pvt Ltd
Bank & Branch: ICICI Bank, Janakpuri, New Delhi
Account No.: 008705006693 **IFSC CODE:** ICIC0000087

11. DD/Cheque/ UTR No.:..... Bank Name: Date :.....

I hereby declare that the above mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above mentioned particulars. I am aware that the above training will be organized & Certification done by Six Sigma Star Healthcare (P) Ltd, New Delhi

Date:
Place:

* Encl.: latest CV

Signature of applicant

(For office use only)

Qualified for Training (Yes/No):..... Approved by :

Registration Number

Authorized Signatory

PROGRAM CO-ORDINATOR:
BHARAT SHARMA
 Chief Principal Consultant

Six Sigma Star Healthcare Pvt. Ltd.
 Six Sigma House, 10-A, Phase-1, Tehsil Road, Sai Baba Enclave, Najafgarh, New Delhi-110043
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