

Registration Form for Training Program:

General Information:

Name : _____
 Designation : _____
 Company Name : _____
 Address : _____

 City - Zip : _____ - _____ State : _____
 Telephone : _____ Mobile : _____
 Email : _____ Fax : _____
 Web : _____

Personal Information:

Age : _____ years
 Educational Qualification : BSc MSc BE ME PhD Other: _____
 Subject : _____
 Professional Experience : _____ years
 How long with company : _____ years

Other Information:

Industry: Pharmaceutical Petrochemical Chemical
 Agro Pesticide Research
 Univ. / Institute Govt. Other: _____

Experience with Analytical Instruments:
 GC HPLC Spectroscopy (UV) Spectroscopy (AA)
 Spectroscopy (FTIR) Other: _____

Present Activities of the company:

Area of Application (please specify, which products you analyze with analytical instruments):
 GC : _____
 HPLC : _____
 Spectroscopy (UV) : _____
 Spectroscopy (AA) : _____
 Spectroscopy (FTIR) : _____
 Other : _____

Specific knowledge you would like to gain during the training program or questions that you would like to be answered (attach another sheet if required):

