

REGISTRATION FORM

OCCUPATIONAL SAFETY AND HEALTH COORDINATOR COURSE

(To be completed in BLOCK LETTERS)

A. PERSONAL PARTICULARS

Full Name (Mr./Ms.) : _____ NRIC No. : _____

Designation : _____ Name of Company : _____

Company Address : _____

Tel No. (H/P) : _____ (O) : _____ Fax No. : _____

E- mail Address : _____ H/P No: _____

Date of Birth : _____ Sex : _____ Age : _____

B. EDUCATIONAL BACKGROUND

Name of School / Institution	Highest Qualification Obtained
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Secondary : _____	_____
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College / University : _____	_____
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C. SPONSORSHIP

Please Tick (v)

Company Sponsored

Self Sponsored

D. DECLARATION

I hereby declare that the information provided is correct and complete.

Signature of Participant: _____ Date: _____

REMARK :

- Please e-mail the registration form to: giptco@gmail.com