

# NOMINATION FORM

## Maintenance Welding Training Programme

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Name Of Participant	Designation	Course Applied For	Course Date

### Contact Person Information:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

\_\_\_\_\_

Cheque / Demand Draft should be drawn in favour of EWAC ALLOYS LIMITED, Mumbai

**EWAC INSTITUTE, PLOT NO-7917, GIDC, ANKALESHWAR-393002, GUJARAT**