



IIQM

INSTITUTE OF INDUSTRIAL QUALITY MANAGEMENT

ENROLLMENT FORM

NO.

COURSE	
IIQM ID	

PASTE
(DO NOT STAPLE)
RECENT
PASSPORT SIZE
PHOTOGRAPH

NAME _____
TO BE FILLED IN BLOCK CAPITALS AS REQUIRED ON THE CERTIFICATE

F/NAME _____

DATE OF BIRTH _____ GENDER MALE / FEMALE
DD / MM / YYYY

EDUCATION _____ EXPERIENCE _____ MONTHS

ADDRESS RESIDENCE _____

CITY _____ PIN _____

Tel _____ Cell _____

e-mail _____

WORK PLACE (CO. NAME) _____

CITY _____ PIN _____

Tel _____ Fax _____

e-mail _____

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF IIQM

DATE _____

PLACE _____

SIGNATURE OF THE CANDIDATE