



National Institute Of Secretariat Training & Development

(An ISO 9001;2015 Organisation)

REGISTRATION APPLICATION FORM

KNOWLEDGE CO-CREATION PROGRAM

Details of the training

Dates: From _____ To _____

Topic: _____

Venue: _____

Details of nominated participants

Name: _____

Designation: _____

Organization/Department: _____

Office Address: _____

City: _____ City: _____ State: _____

Telephone: (Off.) _____ (Res.) _____

Fax: _____ Mob No.: _____ State: _____

Date: _____

Signature: _____



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