



## **BPCL SAP TRAINING CENTRE : REGISTRATION FORM**

### **PARTICIPANT'S DETAILS:**

Name (Mr./Mrs./Ms/Dr.)	
Company Name	
Address	
City / Postal code	
Department Name	
Designation	
Telephone / Mobile	
Email address	
Contact Person Tel.No.	

### **COURSE INFORMATION:**

Course code/s	
Course Name/s	
Start Date	

### **BILLING INFORMATION (if different from Participant):**

Company name	
Full address	
City/Country	
Postal code	
Contact Name	
VAT number	
Telephone /Fax No.	
Email address	
SAP Customer No.	

### **PAYMENT INFORMATION:**

Demand Draft / Pay Order details	
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## **PARTICIPANT PROFILE**

Educational Qualification	
Total Work Experience (no. of years)	
SAP work experience (no. of years)	
Brief about your work experience	
Brief about your SAP work experience	
Expectation from this training program	

**I ACCEPT THE TERMS AND CONDITIONS FOR REGISTRATION AND TRAINING**

**SIGNATURE:**

**DATE:**