



CRAFTSMAN TRAINING AND TECHNOLOGIES SOLUTIONS

TRAINEE REGISTRATION FORM

Carefully provide all the details required as requested by this form

TITLE	Mr.	Mrs.	Ms	Dr.	Nana	Other.....	FORM NO.	CTTS							
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First Name	
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Surname		Middle Name	
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Gender	M	F	Age			Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
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Place of Birth	
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Hometown		Current town/Place of Residence	
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Current Occupation		Level of Education	
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Contacts	
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Residential Address	
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Postal Address	
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Email Address	
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Kindly refer and review from brochure (if available) and make a choice of a Training

Training Name	
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Training duration (In Weeks)	
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Other Trainings	
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Signature/Thumbprint	Region			
	District			
	Town		Date	
	<div><input type="checkbox"/></div> <i>I give my consent to participate in the Craftsman Training and Technologies Solution, Training program. I acknowledge that the data I have provided may be recorded for the purposes of the programme.</i>			

DISCRETION!: All participants should note that, CTTS is not liable for deliberate negligence of handling machines and it's consequences there off .