

# • Registration Form



Please Fax us at : +91-20-27119405 and courier at our address

Type of Course (Pl tick )

- |  |  |
|--|--|
| <input type="checkbox"/> 6 Days Training only  | <input type="checkbox"/> 6 Day Training + Hotel Accommodation  |
| <input type="checkbox"/> 10 Days Training only | <input type="checkbox"/> 10 Day Training + Hotel Accommodation |
| <input type="checkbox"/> 4 weeks Training      |  |
| <input type="checkbox"/> 3 Months Training     |  |

Batch Date : .....

Participant Name : .....

Company / Institute Name : .....

Address : .....

.....

City : .....Pin Code .....

Tel No : .....-- ..... Ext No .....

Mobile No : ..... Email : .....

Emergency Contact No : Resi or Mobile No .....

**Course Fees : Rs .....**

We are enclosing the DD / or at PAR cheque of Bank .....

DD No ..... Date .....

Payable in the name of “ Automation and Control Systems ” – Pune

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**Automation and Control Systems**

“ACS ” House , Plot No 144 A , Sector -7

PCNTDA , MIDC Bhosari , Pune 411026

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