

MARVELOUS TRAINING CENTER REGISTRATION FORM



Please write and tick boxes wherever applicable

PERSONAL INFORMATION

Mr. Mrs. Miss Ms. Other

First Name:..... Surname:.....

Occupation:..... Date of Birth/...../.....

Address:.....

City:..... Phone Number:.....

Emergency Phone Number:..... Email:.....

Educational Background:.....

CHOOSE A TRAINING PROGRAM

<input type="checkbox"/> HEAVY EQUIPMENT OPERATION TRAINING
<input type="checkbox"/> Excavator <input type="checkbox"/> Wheel Loader <input type="checkbox"/> Backhoe <input type="checkbox"/> Mobile Crane <input type="checkbox"/> Roller
<input type="checkbox"/> Motor Grader <input type="checkbox"/> Heavy Duty Trucks <input type="checkbox"/> Forklift <input type="checkbox"/> Bulldozer <input type="checkbox"/> A.D.T

<input type="checkbox"/> ELECTRICAL AND ELECTRONIC TRAINING
<input type="checkbox"/> CCTV Camera Installation <input type="checkbox"/> Solar Panels <input type="checkbox"/> A.C Installation
<input type="checkbox"/> Mobile Phone Repairs <input type="checkbox"/> Electric Fence <input type="checkbox"/> Electric Welding

<input type="checkbox"/> FASHION AND BEAUTY
<input type="checkbox"/> Fashion Training Program <input type="checkbox"/> Barbering and grooming training program

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS CORRECT AND COMPLETE. I HEREBY DECLARE WITH ALL HONESTY THAT I AM PHYSICALLY AND MENTALLY FIT FOR THIS TRAINING.

Signature:.....

Date:...../...../.....

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