

Diploma in Indirect Tax Management

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To,
Course Co-ordinator
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I. Personal Information: (Use Block Letters)

Name & Residential Address (in full): _____

Date of Birth _____

Tel: (R) _____ **(O)** _____

Cell: _____ **Fax:** _____

E-mail: _____

II. Educational Qualification: _____

III. Experience:

Present Employer's Name & Address (in full): _____

Present Position: _____

Experience: in Excise _____ yrs. in Service Tax _____ yrs. Total _____ yrs.

IV. Knew about the Courses through:

Brochure

Advertisement

E-mail

Mr. _____

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Drawn on _____

R. No. _____ **Dt.** _____ **E. No.** _____

