

COURSE NOMINATION FORM

Organisation Name:.....

Address of Organisation:.....

.....

COURSE TITLE:

Contact Person: (Name, Position and Phone No:

.....

Nominees: (Full Names)

1.

2.

3.

4.

5.

Principal Officer:

Name: Signature:

Position/Nomenclature of Nominating/Principal Officer:

Phone No: Date:

Corporate Seal: