

**THREE DAYS PROGRAM**  
**on**  
**Six Sigma Green Belt**  
**(Dates-----to-----)**

Organization :

Mailing Address:

Email :

Phone : Fax :

Details of Participants attending the program :

1. Name : Mr./Ms.

Position :

2. Name : Mr./Ms.

Position :

3. Name : Mr./Ms.

Position :

Details of online payments @Rs. 15,000/-+ (GST 18%)= **Total Rs 17,700/-per** participant. Registration fee once deposited is non-refundable/non-transferable.

UPI Transaction ID: .....Date :.....

Bank :..... Branch :.....

Signature :.....

Name : .....Date:.....

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Photo copy of this form may be used in case of more participants.

**Please send the form to :**  
**Coordinator (Admin)**  
**SQC &OR Unit,**

**Indian Statistical Institute**  
**7, S.J.S.Sansanwal Marg,**  
**Near Qutab Hotel,**  
**New Delhi – 110016**

**Tel : 41493968**  
**Fax : 41493968, 41493981**  
**Email : sqc@isid.ac.in**

**Room, No. 320**  
**Faculty Block**  
**website : www.isid.ac.in/~sqc/**