



# ERASKO LIFTERS TRAINING AND CONSULT

(FORKLIFT OPERATIONS TRAINING, TEMA)

## REGISTRATION FORM

First Name: ..... Last Name: .....

Middle Name: ..... Birth Date: .....

Contact Nos..... 2..... 3.....

Email Address: .....

Occupation: ..... Nationality: .....

Postal Address: .....

Home Town: ..... Region: .....

Residential Address: .....

Emergency Contact Person: .....

Emergency Contact Nos..... 2.....

Emergency Email: .....

Emergency Address: .....

Employer's Name: .....

Employer's Contacts: .....

Employer's Address: .....

Academic Qualification: .....

Driving License No: ..... Pin.....

### **Programme Type:**

Forklift Fresher

Forklift Refresher

Reachstacker

Reachstacker Refresher

Mobile Crane

Mobile Crane Refresher

Tractor

Others.....

Signature of Applicant: .....

Date: .....