



Center for Police Research, Pune

An ISO 9001 : 2000 Company  
**MITech**  
Technology Informed...

Cyber Crime Workshop Registration Form

Date: / / 2009

Level : I / II / III

Inquiry No:

Name: \_\_\_\_\_

Designation (Owner/Partner/Representative): \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

e-Mail ID: \_\_\_\_\_

Name of the Firm/Co. : \_\_\_\_\_

Phone No: 1. Office: (\_\_\_\_) \_\_\_\_\_ 2. Mobile

Postal Address: \_\_\_\_\_

**Professional qualification other than Academic :**

| Degree / Diploma or Certificate | Certifying Authority |
|---------------------------------|----------------------|
|                                 |                      |
|                                 |                      |
|                                 |                      |
|                                 |                      |

I, undersigned do agree that as per my knowledge, the above said information is correct and true.

Signature

**For Office use only**

Remarks: \_\_\_\_\_

Enrolled for Event on : \_\_\_\_\_ Conducted at : \_\_\_\_\_ Time : \_\_\_\_\_

Attended By: \_\_\_\_\_

Signature