



MEGA IT SOLUTIONS
Advance Excel Training
Registration Form

Location/City: _____

Full Name: (to be in the certificate – limit to max 16 characters) _____

Nomination Type
(Company Sponsored / Individual): _____

Organization _____

Designation: _____

Age: _____

CNIC #: _____

Academic qualifications: _____

Postal Address : _____

Telephone: _____

Mobile: _____

E-mail: _____

Email registration form at info@megaitsolutions.biz