

Training Course Registration Form

*ATPS Registration number (office use)	
Name	
Gender	
Qualification	
Experience (if any)	
Country	
Address	
Contact No.	
E-mail:	
Reference (if any)	
Training Course	<input type="checkbox"/> 1: Electrical Construction Technics <input type="checkbox"/> 2: Electrical Operation & Maintenance Training

Fill a Applications & MUST be submitted to atpselectrical@gmail.com