CADD-SOFT
...OFFERS EXCELLENCE IN CAD SERVICES

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Registration Form

For office use only
Course Start date:
Duration: Day(s):
Timings:

- ☐ AutoCAD 2D Drafting Module-1 Foundation
- ☐ AutoCAD 2D Drafting Module-2 Advanced
- ☐ AutoCAD 3D Modelling Module-1 Foundation
- ☐ AutoCAD 3D Modelling Module-2 Advanced
- ☐ 3D Studio MAX
- ☐ Photoshop
- ☐ AutoCAD Customisation
- ☐ AutoCAD Programming using VisualLISP

Personal Detail:

Title: Surname/Family name: First name:

Date of birth: / / Sex: Male ☐ Female ☐

Contact Detail:

House no: Street name:

Address line1:

City: Country: Postcode:

Home Telephone No: Mobile:

E-mail address:

Qualification:(Please specify the last attended course only)

Course	University/College	Year	Class

Experience:

Job Title	Organization	Year

Current Occupation: Student/Employed/Self-employed

Name of Course (Student only):

Name of College/Organization:

Address line:

City: Country: Postcode:

Telephone No: E-mail address:

Signature: Date: