

MOFAD-J CONSULT

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MS PROJECT TRAINING APPLICATION FORM

MOFAD-J CONSULT
Creating value with professionalism

SECTION A: PLACE OF WORK (ORGANIZATION DETAILS)

NAME OF ORGANIZATION:		
LOCATION:		
POSITION: De	epartment:	
INDICATE WHETHER: PUBLIC	PRIVATE	NGO
FULL NAME: (IN CAPITALS: MUST BE HOW YOU WANT IT ON YOUR CERTIFICATE) CREATING VALUE WITH PROFESSIONALISM EMAIL: NATIONALITY: GENDER:		
SECTION C: SIGNING	<u>& OFFICIAL VALI</u>	<u>IDATION</u>
SIGNATURE OF APPLICANT	DATE	
OFFICIAL VALIDATION	DATE	