**Online Registration Form**

**Training Providers/Company Details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name in English: | |  | | | | | |
| ;+:yfsf] gfd g]kfnLdf (Fontasy\_Himali\_TT) | |  | | | | | |
| Address: | |  | | | | | |
| Phone/Fax No: | |  | | | | | |
| Email: | |  | | | | | |
| **Proprietor/Chairman Details** | | | | | | | |
| Full Name: | |  | | | | | |
| Contact No: | |  | | | | | |
| Email: | |  | | | | | |
| **Contact Person Details:** | | | | | | | |
| Full Name: | |  | | | | | |
| Contact No: | |  | | | | | |
| Email: | |  | | | | | |
| Training Start Date | |  | | Training Closing Date | |  | |
| Test Venue | |  | | | | | |
| टेस्ट भेनु नेपालीमा  (Fontasy\_Himali\_TT) | |  | | | | | |
| VAT No./PAN No. | |  | | | | | |
| **Affiliation Details** | | | | | | | |
| CTEVT Affiliation Date: | | |  | | Last Renew Date: | |  |
| Upload Document | | | 1. CTEVT Affiliation letter 2. Renew Letter | | | | |
| Occupation List | | | | | | | |
| S.N | Name of Training | | | | | | Level |
|  |  | | | | | |  |
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