TRINITY INSTITUTE OF PROFESSIONAL STUDIES

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Proposal Form for conduct of Seminar/Workshop

Name:	
Qualifications:	
Professional experience:	
Company's Name:	
Designation:	
Address:	
Contact No.:	
Topic of the Seminar/Workshop with brief details of the scope:	
Duration of the Seminar:	
f there is more than one person to conduct the Seminar/Workshop, please provide details l Name, Designation, Company's Name of others	ike