

ANNA UNIVERSITY  
AUTVS CENTRE FOR QUALITY MANAGEMENT



PROGRESS THROUGH KNOWLEDGE



Sundaram-Clayton Limited



Sundram Fasteners Limited



# CURIOSITY, CREATIVITY & INNOVATION

CERTIFICATE COURSE

1<sup>st</sup> Batch

One Day Training Program

22<sup>nd</sup> April' 2016

*Course Director*

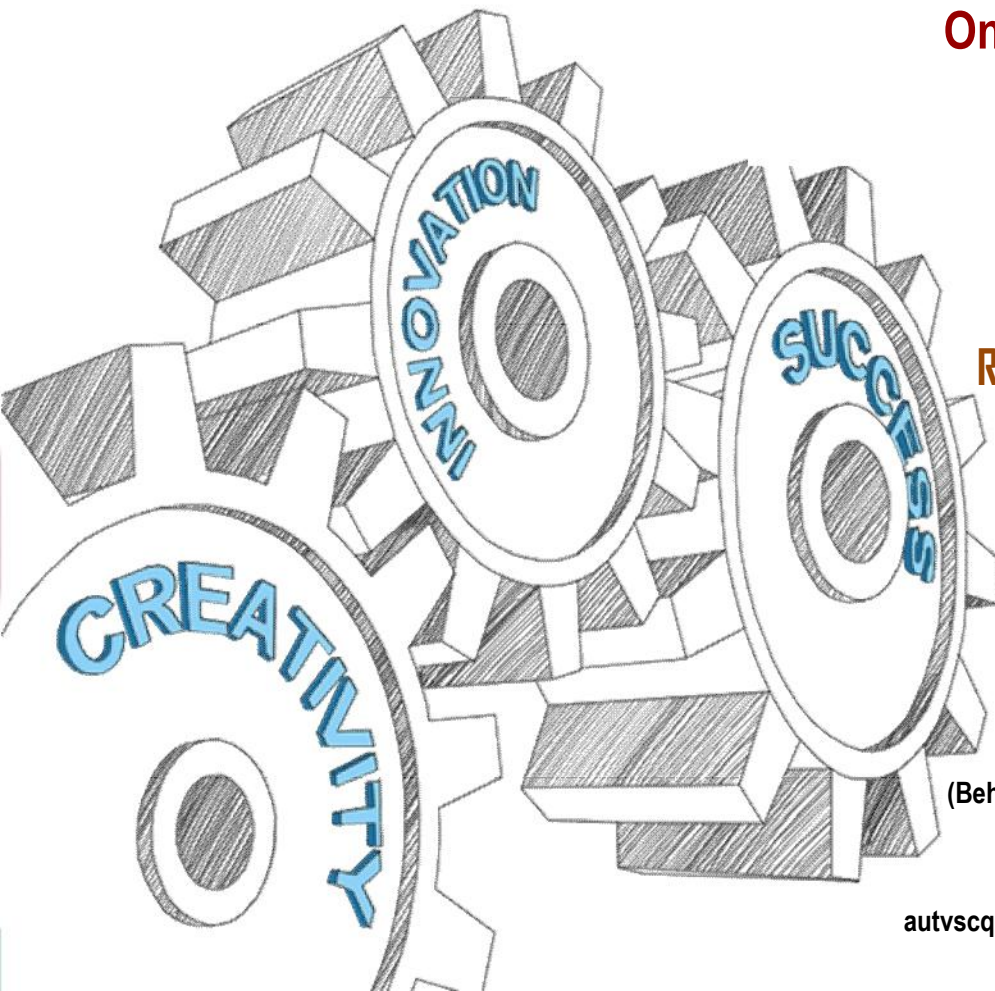
**Mr. K.R.A.Nair**

**Retd. Executive director - Lucas TVS**

**Time: 9.30 am - 5.00 pm**

**Venue: AU TVS CQM**

(Behind Vivekananda Auditorium, Anna University)



[www.annauniv.edu](http://www.annauniv.edu),

[autvscqm@annauniv.edu](mailto:autvscqm@annauniv.edu)/[autvscqm2015@gmail.com](mailto:autvscqm2015@gmail.com)



# DELEGATE REGISTRATION FORM



## Program Objective

- To evoke an appreciation on the fundamental concepts to sustain a culture of process and result oriented improvement.
- To impart the strong conceptual framework and the practical skills on the appropriate tools, techniques & methods at the specific place of work for attaining excellence.

**Admission:** Restricted to 20 on First Come First Serve Basis.  
Last date of Registration 15.04.2016

Affix recent  
Photograph

## Photo Specification:

Size - about 2 x 2 inches (5 x 5 cm) square on white background

**Certificate** will be provided to all participating delegates.

**Fees** Rs.2500/- includes professional fee(Exclusive of TDS), Course Kit, Lunch & refreshments, Certificate, etc.

**Documents for registration:** 1. Duly filled in form    2. Identity proof and  
3. Proof of payment    4. Soft copy of passport size photo

## Payment can be made through the following options:

- You can courier the cheque/DD to our office.
- You can pay online using - net banking SBI Anna University Acc.No.:10496976719, IFS Code:SBIN0006463.

Payment should be in favour of "**AU TVS Centre for Quality Management**".

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**PROGRAMME** \_\_\_\_\_

Name (Mr. / Ms.) \_\_\_\_\_

Name of the Organization: \_\_\_\_\_ Designation: \_\_\_\_\_

Specify your identity document enclosed \_\_\_\_\_  
(Company ID /Pan Card/ Voters Id/ Passport/ Driving License/any other valid proof)

Products/Service of the Organization \_\_\_\_\_

Academic Qualification: \_\_\_\_\_ Experience. (Years): \_\_\_\_\_

Address (Residence/Company): \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PAYMENTS DETAILS

Amount: \_\_\_\_\_ Payment Mode: Cheque/DD No/Transaction Code \_\_\_\_\_  
Date \_\_\_\_\_ Bank /Branch: \_\_\_\_\_

Signature with date

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Duly Filled in Registration form should be sent to:

**The Director, AU TVS Centre for Quality Management, Anna University, Chennai - 25.**

**Contact +91-44 - 2235-8555 / 8552 / 2047 / 8623 / +91 8608 548 127 / +91 9965842238**

**Enquiry:** Kindly email your query with your phone number to **autvscqm@annauniv.edu**  
**autvscqm2015@gmail.com**

Road Map will be sent on Receipt of Duly Filled in form