

TECHMA MACHINERY (PVT) LIMITED

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Technology / Service training request form

First Name:		
Last Name:		
Occupation:		
Company Name		
Company Addre	ess:	
Contact No:		
E-mail address:		
Description of the training requirement:		
Convenient time	e: Weekend After hours (in week days)	
Basic academic	qualifications:	_
Professional qualification:		