



The Chartered Institute of Logistics & Transport Pakistan

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Diploma in Supply Chain Management

Registration Form

Name	_____	S/o	_____
Organization	_____		
Position	_____		
Qualification	_____		
Postal Address	_____		
Tel	_____	Mob	_____
		Fax	_____
Email	_____		

Individual applicant

I will pay fee towards three months diploma in Supply Chain Management

Signature of Applicant: _____ **Date:** _____

Nomination of Candidate by Employer or Organization

We want to nominate following person to attend the diploma:

Name of Candidate: 1) _____

2) _____

3) _____

Signature _____

Stamp:

Our Organization will pay training cost and allow him to attend the classes.

Note: Please complete applicable portion only