



# ANNA UNIVERSITY

## AU TVS Centre for Quality Management

Lucas TVS  
DRIVEN

TVS Sundaram - Clayton Limited

TVS Sundram Fasteners Limited

## LEAN SIX SIGMA GREEN BELT

Above 900 Delegates 6 $\sigma$  Certified

61<sup>st</sup> Batch

CERTIFICATE COURSE

6 Days Intensive Training Programme

August - 2017

18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>

### 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. 08 .2017.

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

### Photo

Mail stamp size photo to "autvscqm2015@gmail.com" with the following specification.

- ✓ A recent stamp size color photo taken against white background only.
- ✓ If you wear glasses make sure that there are no reflections
- ✓ Cap, hat and dark glasses are not acceptable. white background to our mail.

**Time: 9.30 am – 5.00 pm Venue: AU TVS CQM**  
(Behind Vivekananda Auditorium, Anna University)

Contact +91-44-2235 – 8623 / 8552 / 2047

cqm.annauniv.edu / www.annauniv.edu autvscqm@annauniv.edu / autvscqm2015@gmail.com

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



## DELEGATE REGISTRATION FORM



**Course Fee of Rs. 15,000/-** includes professional fee (Exclusive of TDS), Course Kit, Lunch & refreshments, Certificate, etc.

**Payment can be made through** courier the **cheque / DD** to our office.  
Payment should be in favour of "**AU TVS Centre for Quality Management**".

- ✓ **Special Concession 10% discount** for AU TVS CQM program certificate holders with certificate copy.

**4 Documents for Registration:** 1. Duly filled in form 2. Identity proof 3. Payment Proof 4. Photo

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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 Organisation \_\_\_\_\_

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

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

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

### PAYMENTS DETAILS

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

Bank /Branch: \_\_\_\_\_

(enclosed the DD)

Signature with date

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To:

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