



LEAN SIX SIGMA GREEN BELT

Above 900 Delegates 6 σ Certified

60th Batch
CERTIFICATE COURSE

6 Days Intensive Training Programme

16th, 17th, 18th, 24th, 25th, 26rd June - 2017

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 10. 06 .2017.

Certificate will be awarded to all participating delegates.

Photo

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

- ✓ Photograph must be a recent stamp size color photo only.
- ✓ Make sure that the photo is in color, taken against white, background only.
- ✓ Look straight at the camera with a relaxed face
- ✓ If you wear glasses make sure that there are no reflections and your eyes can be seen clearly.
- ✓ Caps, hats and dark glasses are not acceptable.

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

Contact +91-44-2235 - 8623/8552/2047 Mobile No. +91 9965842238

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



Fees

Lean Six Sigma Green Belt

Rs. 15, 000/-

Fees includes professional fee (Exclusive of TDS), Course Kit, Lunch & refreshments, Certificate, etc.

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

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

Payment can be made through courier the **cheque / DD** to our office.

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

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: _____

Signature with date

(enclosed the DD)

To:

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