



# LEAN SIX SIGMA YELLOW BELT

Above 900 Delegates 6 $\sigma$  Certified

10<sup>th</sup> Batch  
CERTIFICATE COURSE

One Day Training Programme

23<sup>rd</sup> July 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 18. 07 .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 Yellow Belt

**Rs. 2,500/-**

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**".

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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: \_\_\_\_\_

Signature with date

(enclosed the DD)  
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To:  
**The Director,**  
**AU TVS Centre for Quality Management,**  
**Anna University,**  
**Chennai – 25.**