

ENROLMENT FORM
**TRAINING PROGRAMME ON
"EXPORT MARKETING"**

**ORGANISED BY
WEST BENGAL STATE EXPORT PROMOTION SOCIETY (WBSEPS)**

2, Church Lane, 4th Floor, Room No. 401, Kolkata - 700001

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Name (Mr./Miss./Mrs.) _____

Father/Husband's name _____

Category: Student Educated unemployed Employed

Manufacturer Business Existing Manufacturer Exporter

Existing Merchant Exporter Other Please Specify

Contact Address : _____

Phone No. _____ Mobile No. _____ Fax No. _____

E-mail: _____

Educational/ Professional qualification _____

Experience/Exposure _____

Items exported/intend to export _____

Date:

Signature of the Applicant

N.B. 1. Use additional sheet where necessary.