



Sr. No.: DOC No.: VS/13/08

TRAINING REGISTRATION FORM

PHOTO

Training for Equipment:

Name of project:

Address of project:

Name of project In-charge / Manager:

Mob. No. / Ph. No. :

E-mail Id. :

Operator Name:

Sex: Age: DOB: Education:

Present Address:

Permanent Address:

Mob. No. / Ph. No. :

E-mail Id. :

Name of Universal Trainer :

Declaration : I herewith declare that all the information provided is true to my knowledge and further declare that I have gone through the operation and maintenance manual of PM LIFT product & have been imparted operation, safety training preventive maintenance fir the same. I will abide by all the terms, conditions, safety measures, routine maintenance of the said machine as mentioned in the operator manual and the information provided during the training and agrees indemnify the Machine manufacturer due to any act or omission amounting to negligence, mishap, accident and operation, safety . Etc losses occurred thereof.

Date :

Place :

Signature of candidate

Signature of universal Trainer

Signature of project n-charge / Manager

Universal Axis Lifting Solutions Pvt. Ltd.

Universal House, Warje Naka, Pune - 411 052, Maharashtra (India)

Tel : +91 - 020 - 2523 0777 Email : sales@universalaxis.in Cell :9970 400 452, 9960 500 402

