**Indian Statistical Institute, SQC & OR Unit, Hyderabad**

**Certification Program**

**Business Analytics with Six Sigma Master Black Belt**

**Phase – I : 18th to 23rd September 2017**

**Phase – II : 23rd to 28th October 2017**

**Registration Form**

**Participant (s) Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name | Organization | Designation | Age | HighestQualification | Years of Experience(Analytics/Six Sigma/Quality) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**The following details need to be provided for each participant**

1. Brief (max : one or two pages) resume of the participant describing his/her experience in Analytics/Six Sigma/Quality/Application of Statistical Methods related areas.

b. Title and one page write up (Executive Summary) for each of the Analytics/Six Sigma/Improvement Projects executed ( Minimum Two)

c. Photo copy of the certificates (Six Sigma Black Belt/Statistics or Quality related Academic/Training Programs.)

**Details of Program Fee Rs. 75,000/ + GST @ 18%** (Demand Draft drawn in the favour of Indian Statistical Institute, Payable at Hyderabad OR through NEFT)

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| --- | --- | --- | --- | --- | --- | --- |
| No. of Participants | Program Fee | Discounts Availed (if any) | Payable Program Fee | Applicable Taxes | Draft Amount | Draft No. & Date |
|  |  |  |  |  |  |  |

**Details of Bank Transfer (NEFT only) : Bank Name/Date/Transaction Details**

**Contact Details :**

**Postal Address:**

Mobile : Email :

Name & Signature