

CONFEDERATION OF WOMEN ENTREPRENEURS (COWE)

6-3-657/F1, KAPADIA LANE, SOMAJIGUDA, HYDERABAD

PH: 65535794 Email: cowe04@gmail.com

ENTREPRENEURSHIP DEVELOPMENT PROGRAMME

(4 week Programme 10.00 am to 2.00 pm)

PROFORMA FOR REGISTRATION

Name of the Applicant : _____

Education Qualification : _____

Work Experience : _____

Address : _____

Telephone No. : _____

Fax No. : _____

Email : _____

Website (If any) : _____

Business Interest : _____

Registration Fee for **Rs.1000/-** : Cash./DD/Ch No _____
dated _____ drawn on _____ is
enclosed.

Place:

Date:

Signature