

**PLEASE FILL THIS FORM CLEARLY WITH CAPITAL LETTERS
& USE BLUE OR BALCK PEN TO FILL THIS FORM**

Name:

Surname:

Company or Organization:

Mobile #:

Position:

1. How long have you been working in Construction?

2. Current Job Description?

3. . Have you ever been in CQM training? Yes No
(If yes; please explain Where & When)?

4. . Have you ever been in the college or university? Yes No
List of degrees?

5. Have you learned by working? Yes No
If yes; please explain Where & When?

6. What would you like to learn more specifically about Construction Quality Management?

Signature: ----- -Date:

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